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EXTENDED TO NOVEMBER 16, 2015

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 11700 WEST LAKE PARK DRIVE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: MILWAUKEE, WI 53224

F Name and address of principal officer: SUSAN N. DREYFUS
SAME AS C ABOVE

D Employer identification number: 39-1709925

E Telephone number: 414-359-1040

G Gross receipts $: 10,599,368.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.ALLIANCE1.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1992

M State of legal domicile: DE

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2	Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,439,886.
	b	Net unrelated business taxable income from Form 990-T, line 34	-372,092.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,131,384.	6,366,403.
	9	Program service revenue (Part VIII, line 2g)	1,079,641.	1,147,960.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,510.	58,394.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,783,770.	1,631,196.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,024,305.	9,203,953.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,656.	496,254.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,819,551.	4,638,844.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 345,927.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,603,717.	2,679,628.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,473,924.	7,814,726.
	19	Revenue less expenses Subtract line 18 from line 12	-449,619.	1,389,227.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,167,018.	7,950,040.
	21	Total liabilities (Part X, line 26)	1,938,143.	1,491,317.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,228,875.	6,458,723.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 9/28/15

▶ KRISTI SCHARL, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
TROY E. MARINE, CPA	TROY E. MARINE, CPA	09/25/15	[ ]	P00187863

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP — Firm's EIN ▶ 39-0859910

Firm's address ▶ 777 E WISCONSIN AVENUE, 32ND FLOOR
MILWAUKEE, WI 53202 — Phone no. (414)777-5500

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

THE ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES' MISSION IS TO STRENGTHEN THE CAPACITIES AND INFLUENCE OF OUR NATIONAL NETWORK OF HIGH-IMPACT NONPROFIT HUMAN-SERVING ORGANIZATIONS SO THAT TOGETHER WE MAY PURSUE OUR VISION OF A HEALTHY SOCIETY AND STRONG COMMUNITIES FOR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,643,737. including grants of $ 496,254.) (Revenue $ 1,306,051.)

MEMBER SERVICES TO MORE THAN 450 MEMBER AGENCIES REPRESENTING CHILD, FAMILY AND COMMUNITY SERVICE ORGANIZATIONS THROUGH THE UNITED STATES AND CANADA. ALLIANCE MEMBERS SERVE APPROXIMATELY 3 MILLION INDIVIDUALS EACH YEAR IN MORE THAN 8,000 COMMUNITIES, PROVIDING A VAST ARRAY OF SERVICES. ALLIANCE PROVIDES PEER NETWORKING, TIMELY, USEFUL INFORMATION AND VALUABLE TOOLS AND TECHNIQUES TO THEIR MEMBER AGENCIES.

4b (Code) (Expenses $ 542,300. including grants of $) (Revenue $)

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

4c (Code) (Expenses $ 245,207. including grants of $) (Revenue $)

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 4,431,244.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part 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 during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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 provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 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 as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	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
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	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 and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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		X
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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	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 last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 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).			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 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		X
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 7701-3? *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, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	63		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	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," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
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?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X	
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ WI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

THE ORGANIZATION - 414-359-1040

11700 WEST LAKE PARK DRIVE, MILWAUKEE, WI 53224

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS M. RICHARDSON	0.50									
CHAIR OF THE BOARD		X		X				0.	0.	0.
(2) FATHER STEVEN BOES, M.S.	0.50									
BOARD MEMBER		X						0.	0.	0.
(3) RICHARD J. COHEN, PH. D	0.50									
BOARD MEMBER		X						0.	0.	0.
(4) JEREMY KOHOMBAN, PH.D.	0.50									
BOARD MEMBER		X						0.	0.	0.
(5) JERRY FRIEDMAN	0.50									
BOARD MEMBER		X						0.	0.	0.
(6) PATTI J. LYONS	0.50									
BOARD MEMBER		X						0.	0.	0.
(7) MILTON J. LITTLE, JR.	0.50									
BOARD MEMBER		X						0.	0.	0.
(8) DONALD W. LAYDEN, JR.	0.50									
BOARD MEMBER		X						0.	0.	0.
(9) MARY HOLLIE	0.50									
SECRETARY		X		X				0.	0.	0.
(10) MOLLY GREENMAN	0.50									
BOARD MEMBER		X						0.	0.	0.
(11) RANDAL D. RUCKER	0.50									
VICE-CHAIR OF THE BOARD		X		X				0.	0.	0.
(12) RON MANDERSCHIED	0.50									
BOARD MEMBER		X						0.	0.	0.
(13) STEPHEN C. MACK (EX-OFFICIO)	0.50									
BOARD MEMBER		X						0.	0.	0.
(14) TRACY WAREING	0.50									
BOARD MEMBER		X						0.	0.	0.
(15) DOMINICK P. ZARCONE	0.50									
TREASURER		X		X				0.	0.	0.
(16) JOHN SCHMIDT	24.00									
COO/CFO	16.00			X				101,400.	67,600.	10,189.
(17) KATHERINE ASTRICH	40.00									
SENIOR VICE PRESIDENT, PUBLIC POLICY				X				141,500.	0.	1,231.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) POLINA MAKIEVSKY	40.00									
SR VP KNOWLEDGE, MGMT & INNOVATION				X				139,258.	0.	27,994.
(19) SUSAN DREYFUS	30.00									
CHIEF EXECUTIVE OFFICER	10.00			X				179,250.	59,750.	12,093.
(20) DOUG DIEFENBACH	40.00									
SENIOR VP MARKETING AND PHILANTHROPY				X				165,000.	0.	29,341.
(21) UNDRAYE HOWARD	40.00									
VICE PRESIDENT, INTELLECTUAL CAPITAL				X				111,724.	0.	6,498.
(22) KRISTI SCHARL	40.00									
CHEIF FINANCIAL OFFICER				X				100,744.	0.	19,080.
1b Sub-total								938,876.	127,350.	106,426.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								938,876.	127,350.	106,426.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SYSLOGIC, INC., 375 BISHOPS WAY, STE 180, BROOKFIELD, WI 53005	IT CONSULTING SERVICES	187,733.
ZG WALKER HOLDINGS, LLC TWO WISCONSIN CIRCLE, CHEVY CHASE, MD 20815	RENT	169,334.

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	2,979,456.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,386,947.			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	6,366,403.			
			Business Code				
Program Service Revenue	2a	PROGRAM SERVICE FEES	624100	630,081.	598,581.	31,500.	
	b	TRAINING INCOME	624100	517,879.	517,879.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶	1,147,960.			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	49,834.			49,834.
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,320,714.				
	b	Less: cost or other basis and sales expenses	1,312,154.				
	c	Gain or (loss)	8,560.				
	d	Net gain or (loss)	▶	8,560.			8,560.
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a	256,461.			
	b	Less cost of goods sold	b	83,261.			
	c	Net income or (loss) from sales of inventory	▶	173,200.	173,200.		
		Miscellaneous Revenue	**Business Code**				
	11a	MANAGEMENT FEES	900099	1,012,400.		1,012,400.	
	b	SPACE RENTAL	900002	338,015.	16,391.	321,624.	
	c	OTHER INCOME	900099	107,581.		74,362.	33,219.
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	1,457,996.			
	12	**Total revenue.** See instructions	▶	9,203,953.	1,306,051.	1,439,886.	91,613.

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)

Check if Schedule O contains a response or note to any line in this Part IX ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	490,004.	490,004.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	6,250.	6,250.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	998,327.	619,612.	303,974.	74,741.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,562,260.	1,590,268.	780,167.	191,825.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,034.	64,569.	31,677.	7,788.
9	Other employee benefits	678,855.	179,653.	483,935.	15,267.
10	Payroll taxes	295,368.	183,320.	89,935.	22,113.
11	Fees for services (non-employees)				
a	Management				
b	Legal	27,810.		27,810.	
c	Accounting	25,000.		25,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	650,050.	256,689.	392,761.	600.
12	Advertising and promotion				
13	Office expenses	171,240.	114,493.	52,894.	3,853.
14	Information technology				
15	Royalties				
16	Occupancy	348,668.	228,607.	104,153.	15,908.
17	Travel	291,583.	203,518.	87,580.	485.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	397,838.	389,457.	7,048.	1,333.
20	Interest	11,714.		11,714.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	250,025.		250,025.	
23	Insurance	25,268.	171.	25,097.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	RENTAL AND MAINTENANCE	233,570.	65,416.	156,938.	11,216.
b	PROVISION FOR BAD DEBTS	86,128.		85,864.	264.
c	MISCELLANEOUS	57,077.	24,420.	32,123.	534.
d	ORGANIZATIONAL DUES	51,843.	14,797.	37,046.	
e	All other expenses	51,814.		51,814.	
25	**Total functional expenses.** Add lines 1 through 24e	7,814,726.	4,431,244.	3,037,555.	345,927.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		542,497.	1	1,046,286.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		904,235.	3	1,556,495.
	4	Accounts receivable, net		637,530.	4	541,321.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		66,167.	9	53,340.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 5,868,727.			
	b	Less. accumulated depreciation	10b 3,938,341.	2,145,004.	10c	1,930,386.
	11	Investments - publicly traded securities		2,431,803.	11	2,473,668.
	12	Investments - other securities See Part IV, line 11		399,445.	12	348,544.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		40,337.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,167,018.	16	7,950,040.
Liabilities	17	Accounts payable and accrued expenses		1,393,251.	17	1,034,216.
	18	Grants payable			18	
	19	Deferred revenue		360,218.	19	322,115.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		184,674.	24	134,986.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,938,143.	26	1,491,317.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,324,369.	27	3,250,882.
	28	Temporarily restricted net assets		1,761,110.	28	3,059,045.
	29	Permanently restricted net assets		143,396.	29	148,796.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,228,875.	33	6,458,723.
	34	Total liabilities and net assets/fund balances		7,167,018.	34	7,950,040.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,203,953.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,814,726.
3	Revenue less expenses Subtract line 2 from line 1	3	1,389,227.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,228,875.
5	Net unrealized gains (losses) on investments	5	-58,091.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-101,288.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,458,723.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [X]

			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 O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A 133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.	39-1709925

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

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

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

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3627978.	9211398.	3107382.	3131384.	6366403.	25444545.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	886,089.	752,270.	826,196.	1079641.	1147960.	4692156.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	4514067.	9963668.	3933578.	4211025.	7514363.	30136701.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1096506.	6596493.	307,500.	350,000.	3314007.	11664506.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	1096506.	6596493.	307,500.	350,000.	3314007.	11664506.
8 **Public support** (Subtract line 7c from line 6)						18472195.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	4514067.	9963668.	3933578.	4211025.	7514363.	30136701.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,258.	58,680.	77,422.	50,172.	49,834.	272,366.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	36,258.	58,680.	77,422.	50,172.	49,834.	272,366.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	635,534.	1571741.	1636606.	1651157.	1457996.	6953034.
13 **Total support.** (Add lines 9, 10c, 11, and 12)	5185859.	11594089.	5647606.	5912354.	9022193.	37362101.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	49.44 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	53.67 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	.73 %
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	.75 %

19a **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in* **Part VI** *how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1	

Section D. Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in Part VI how you supported a government entity (see instructions)*

		Yes	No
2	Activities Test ***Answer (a) and (b) below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b	
3	Parent of Supported Organizations ***Answer (a) and (b) below.***		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in ***Part VI.***	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard*	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in **Part VI**)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization	Employer identification number
ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.	39-1709925

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	610,266.	522,361.	481,239.		1,613,866.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,420,799.
c Total lobbying expenditures	24,807.	22,664.	20,740.		68,211.
d Grassroots nontaxable amount	152,567.	130,590.	120,310.		403,467.
e Grassroots ceiling amount (150% of line 2d, column (e))					605,201.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization: ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.

Employer identification number: 39-1709925

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements — 2a	
b Total acreage restricted by conservation easements — 2b	
c Number of conservation easements on a certified historic structure included in (a) — 2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register — 2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	180,974.	164,027.	134,095.	108,059.	75,934.
b Contributions	5,400.	3,550.	15,284.	26,630.	22,000.
c Net investment earnings, gains, and losses	10,287.	13,397.	14,648.	-594.	10,125.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	196,661.	180,974.	164,027.	134,095.	108,059.

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

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ .00 %

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

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

	Yes	No
(i) unrelated organizations (3a(i))		X
(ii) related organizations (3a(ii))		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? (3b)		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		390,000.		390,000.
b Buildings		2,978,432.	1,724,383.	1,254,049.
c Leasehold improvements				
d Equipment		2,500,295.	2,213,958.	286,337.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,930,386.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	

Part XIII Supplemental Information.

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

PART V, LINE 4:

INTENDED USE OF THE ENDOWMENT IS TO CREATE A LONG-TERM, CONSISTENT, AND RELIABLE SOURCE OF OPERATIONAL FUNDING FOR THE ALLIANCE.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.

Employer identification number
39-1709925

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2014**

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09-24-14

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE	750.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE	1,000.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE	1,000.	CHECK	0.		FMV
		SOUTH ASIA	GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE	750.	CHECK	0.		FMV
		NORTH AMERICA	GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE	750.	CHECK	0.		FMV
		NORTH AMERICA	GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE	750.	CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE	1,250.	CHECK	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 7

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.

Employer identification number 39-1709925

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAGIO HEALTH 960 PENN AVENUE, SUITE 600 PITTSBURGH, PA 15222-3812	23-7104168	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
ATLANTA MISSION 2353 BOLTON ROAD ATLANTA, GA 30318-1230	58-0572430	501(C)(3)	2,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
BOYS & GIRLS CLUBS OF TOPEKA 550 SE 27TH ST. TOPEKA, KS 66605-1106	48-0636732	501(C)(3)	1,910.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
BRANCHES 11500 NW 12 AVE. MIAMI, FL 33168-6217	65-0716969	501(C)(3)	14,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
BRONXWORKS 2054 MORRIS AVENUE BRONX, NY 10453-3538	13-3254484	501(C)(3)	500.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
CASA CENTRAL 1343 NORTH CALIFORNIA AVENUE CHICAGO, IL 60622-2803	36-2728618	501(C)(3)	7,500.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 77.

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

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLIMB CDC 1316 30TH AVENUE GULFPORT, MS 39501-1840	27-3198260	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
COMMUNITIES IN SCHOOLS OF NEVADA 3720 HOWARD HUGHES PARKWAY LAS VEGAS, NV 89169	88-0292094	501(C)(3)	2,500.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
DAVINCI CENTER FOR COMMUNITY PROGRESS - 470 CHARLES STREET - PROVIDENCE, RI 02904-2237	05-0352730	501(C)(3)	2,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
EDKEY INC. 1460 S. HORNE STREET MESA, AZ 85204-5760	74-3033931	501(C)(3)	1,875.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
FAMILY SERVICE ASSOCIATION 21250 BOX SPRINGS RD., SUITE 212 MORENO VALLEY, CA 92557-8712	95-1809694	501(C)(3)	25,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. - 702 SAN PEDRO - SAN ANTONIO, TX 78212-4762	74-1117341	501(C)(3)	2,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
FEDERATION OF NEIGHBORHOOD CENTERS 1528 WALNUT STREET, SUITE 200 PHILADELPHIA, PA 19102-3602	23-1630073	501(C)(3)	75,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
FRIENDLY INN SETTLEMENT HOUSE 2386 UNWIN ROAD CLEVELAND, OH 44104-1036	34-0714413	501(C)(3)	2,750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
FRIENDS ASSOCIATION FOR CHILDREN 1004 ST. JOHN STREET RICHMOND, VA 23220-2525	54-0505899	501(C)(3)	12,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARY COMER YOUTH CENTER 7200 SOUTH INGLESIDE AVENUE CHICAGO, IL 60619-1254	33-1140077	501(C)(3)	500.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501(C)(3)	1,250.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
GRACE HILL SETTLEMENT HOUSE 2600 HADLEY STREET SAINT LOUIS, MO 63106-4021	23-7216273	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
GREATER TRENTON AREA YMCA 431 PENNINGTON AVE TRENTON, NJ 08618-3104	21-0635052	501(C)(3)	1,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
HARVARD COMMUNITY SERVICES CENTER 18240 HARVARD AVENUE CLEVELAND, OH 44128-1743	23-7098744	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
JOHN H. BONER COMMUNITY CENTER 2236 EAST 10TH STREET INDIANAPOLIS, IN 46201-209	23-7204495	501(C)(3)	25,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
KANNAPOLIS EDUCATION FOUNDATION 1001 DENVER ST. KANNAPOLIS, NC 28083	56-1938383	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
LA CASA DE ESPERANZA 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-1144446	501(C)(3)	40,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
LOUISVILLE CENTRAL COMMUNITY CENTERS, INC. - 1300 WEST MUHAMMAD ALI BOULEVARD - LOUISVILLE, KY 40203-1744	61-0590743	501(C)(3)	5,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes ☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes ☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes ☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes ☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes ☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes ☒ No

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACC METROPOLITAN ALLIANCE OF CONNECTED COMMUNITIES - 414 SOUTH EIGHTH STREET - MINNEAPOLIS, MN 55404-1025	41-1959688	501(C)(3)	18,250.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37206-3815	62-0477728	501(C)(3)	2,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
MARY'S CENTER FOR MATERNAL AND CHILD CARE - 2333 ONTARIO RD. N.W. - WASHINGTON, DC 20009-2627	52-1594116	501(C)(3)	12,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
MIDWAY ISD EDUCATION FOUNDATION 13885 WOODWAY DR WOODWAY, TX 76712-7621	74-2914982	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
MISSION NEIGHBORHOOD CENTERS 362 CAPP ST. SAN FRANCISCO, CA 94110-1808	94-1408150	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
MORRISTOWN NEIGHBORHOOD HOUSE ASSOCIATION - 12 FLAGLER STREET - MORRISTOWN, NJ 07960-3913	22-1487584	501(C)(3)	14,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
NEIGHBORHOOD CENTERS, INC. P.O. BOX 271389 HOUSTON, TX 77277-1389	23-7062976	501(C)(3)	75,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
NEIGHBORHOOD HOUSE 905 SPRUCE STREET SEATTLE, WA 98104-2474	91-0568305	501(C)(3)	4,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
NEIGHBORHOOD HOUSE ASSOCIATION, INC. - 5660 COPLEY DRIVE - SAN DIEGO, CA 92111-7902	95-1648184	501(C)(3)	4,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information

PART I, LINE 2:

ALL APPLICATIONS RECEIVED ARE REVIEWED TO ENSURE THAT REQUESTING ORGANIZATION IS A REGISTERED CHARITABLE ORGANIZATION IN ITS COUNTRY. AFTER THE ORGANIZATION HAS COMPLETED THE SERVICES THE FUNDS WERE INTENDED TO COVER, THE ORGANIZATION IS REQUIRED TO SUBMIT A REPORT TO THE ALLIANCE THAT CONFIRMS THAT THE FUNDS WERE USED FOR THE PURPOSE OUTLINED IN THE ORIGINAL APPLICATION.

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA PARTNERS 710 W. LAKE MEAD BLVD. NORTH LAS VEGAS, NV 89030-4067	88-0291463	501(C)(3)	2,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
PENDER COUNTY CHRISTIAN SERVICES PO BOX 84 BURGAW, NC 28425-0084	56-1382749	501(C)(3)	1,500.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
PEOPLE'S EMERGENCY CENTER 325 N. 39TH STREET PHILADELPHIA, PA 19104-4656	23-2017882	501(C)(3)	500.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
PRESSLEY RIDGE 5500 CORPORATE DR., SUITE 400 PITTSBURGH, PA 15237-5848	25-0965460	501(C)(3)	3,250.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
ROCKLAND PREGNANCY COUNSELING DBA CARENET PREGNANCY CENTER OF ROCKLAND - 2 PERLMAN DR, SUITE L9 - SPRING VALLEY, NY 10977-5219	13-3351759	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
SALVATION ARMY CENTER OF HOPE PO BOX 31128 CHARLOTTE, NC 28231-1128	58-0660607	501(C)(3)	5,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
SALVATION ARMY OF CHARLESTON 4248 DORCHESTER RD. CHARLESTON, SC 29405-7433	58-0660607	501(C)(3)	1,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
SALVATION ARMY OF SOUTHERN CALIIFORNIA, RED SHIELD COMMUNITY CENTER - 180 E OCEAN BLVD. STE 500 - LONG BEACH, CA 90802	95-1656360	501(C)(3)	2,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
SOUTHEAST COMMUNITY SERVICES 901 SHELBY STREET INDIANAPOLIS, IN 46203-1151	35-1318068	501(C)(3)	2,750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST IMPROVEMENT COUNCIL 1000 S. LOWELL BLVD. DENVER, CO 80219-3339	74-2510477	501(C)(3)	2,500.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
ST. JOSEPH'S PARISH SCHOOL 711 HOOPER AVE TOMS RIVER, NJ 08753	21-0651025	501(C)(3)	1,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
ST. PAUL'S EPISCOPAL CHURCH 520 SUMMIT ST. WINSTON SALEM, NC 27101-1115	56-0567985	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
ST. PETER-ST. JOSEPH CHILDREN'S HOME - 919 MISSION ROAD - SAN ANTONIO, TX 78210-4501	74-1143129	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
THE BRIDGE EMERGENCY SHELTER 601 N. MILDRED RD. CORTEZ, CO 81321-7100	26-3068964	501(C)(3)	750.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
THE SPRING OF TAMPA BAY, INC. P.O. BOX 5147 TAMPA, FL 33675-5147	59-1777135	501(C)(3)	2,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
THE UP CENTER 150 BOUSH STREET, SUITE 800 NORFOLK, VA 23510-1637	54-0674774	501(C)(3)	3,250.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
UMOM NEW DAY CENTERS, INC. 3333 E. VAN BUREN STREET PHOENIX, AZ 85008-6812	86-0521062	501(C)(3)	12,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
UNITED COMMUNITY CENTERS 613 NEW LOTS AVENUE BROOKLYN, NY 11207-7214	11-1950787	501(C)(3)	25,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NEIGHBORHOOD HOUSES OF NEW YORK - 70 WEST 36TH STREET - SUITE 503 - NEW YORK, NY 10018-800	13-5563409	501(C)(3)	500.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
YMCA OF THE CAPITAL AREA 350 S. FOSTER DRIVE BATON ROUGE, LA 70806-4105	72-0408994	501(C)(3)	1,000.	0.			GRANT IN SUPPORT OF ARAMARK BUILDING COMMUNITY INITIATIVE
EAST END HOUSE 105 SPRING STREET CAMBRIDGE, MA 02141-1726	04-2104163	501(C)(3)	8,000.	0.			GRANT TO SUPPORT CIVIC ENGAGEMENT FELLOWSHIP
HILLSIDE CHILDREN'S CENTER 1183 MONROE AVENUE ROCHESTER, NY 14620-1662	16-1493407	501(C)(3)	8,000.	0.			GRANT TO SUPPORT CIVIC ENGAGEMENT FELLOWSHIP
HILLSIDE FAMILY OF AGENCIES 1183 MONROE AVENUE ROCHESTER, NY 14620-1662	16-1493407	501(C)(3)	8,000.	0.			GRANT TO SUPPORT CIVIC ENGAGEMENT FELLOWSHIP
THE CHILDREN'S CENTER OF WAYNE COUNTY - 79 W. ALEXANDRINE ST. - DETROIT, MI 48201-2015	38-1359505	501(C)(3)	8,000.	0.			GRANT TO SUPPORT CIVIC ENGAGEMENT FELLOWSHIP
UNION SETTLEMENT ASSOCIATION 237 EAST 104TH STREET NEW YORK, NY 10029-5499	13-1632530	501(C)(3)	8,000.	0.			GRANT TO SUPPORT CIVIC ENGAGEMENT FELLOWSHIP
UNIVERSITY SETTLEMENT SOCIETY 184 ELDRIDGE STREET NEW YORK, NY 10002-2924	13-5562374	501(C)(3)	8,000.	0.			GRANT TO SUPPORT CIVIC ENGAGEMENT FELLOWSHIP
HEARTLAND FAMILY SERVICE 2101 S. 42ND STREET OMAHA, NE 68105	47-0390618	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAKE AND WATTS SERVICE, INC. 463 HAWTHORNE AVE. YONKERS, NY 10705-3441	13-1860451	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
JEWISH FAMILY & CHILDREN'S OF THE SUNCOAST, INC. - 2688 FRUITVILLE ROAD - SARASOTA, FL 34237	41-0693860	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
NEIGHBORHOOD CENTERS, INC. 4500 BISSONNET, STE. 200 BELLAIRE, TX 77401	80-0522611	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
HOLY FAMILY INSTITUTE 8235 OHIO RIVER BLVD. PITTSBURGH, PA 15202-1454	25-0984606	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
THE VILLAGE NETWORK P. O. BOX 518 SMITHVILLE, OH 44677-0518	34-0768857	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
VOLUNTEERS OF AMERICAOF MINNESOTA 7625 METRO BLVD. MINNEAPOLIS, MN 55439-3053	27-0255958	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
PUBLIC HEALTH MANAGEMENT CORP. 1500 MARKET STREET PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
THE CHILDREN'S VILLAGE 1 ECHO HILL ROAD DOBBS FERRY, NY 10522-3600	13-1739945	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
GREAT CIRCLE P. O. BOX 189 ST. JAMES, MO 65559	43-0681471	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLA OF HOPE 3300 DEWEY AVE. ROCHESTER, NY 14616	16-0743164	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
HATHAWAY-SYCAMORES CHILD & FAMILY SERVICES - 210 S. DELACEY AVE., STE. 110 - PASADENA, CA 91105-2074	95-1691005	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
THE OPPORTUNITY ALLIANCE 50 LYDIA LANE SOUTH PORTLAND, ME 04106-2156	01-0274725	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
HOPELINK 10675 WILLOWS RD. NE, STE. 275 REDMOND, WA 98052-2530	91-0982116	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
BEECH BROOK 3737 LANDER ROAD CLEVELAND, OH 44124-5712	34-0714597	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
THE CHILDREN'S HOME OF CINCINNATI 5050 MADISON RD. CINCINNATI, OH 45227-1491	31-0536969	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS - 13100 WAYZATA BLVD., STE. 400 - MINNETONKA, MN 55305-1821	41-0693860	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM
KIDS CENTRAL 2117 SW HIGHWAY 484 OCALA, FL 34473-7949	03-0423152	501(C)(3)	900.	0.			GRANT TO SUPPORT STRATEGY COUNTS PROGRAM

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

SELECTION PROCESS - ONLY MEMBERS OF THE ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES IN GOOD STANDING WITH UP-TO-DATE MEMBERSHIP DUES ARE ELIGIBLE TO APPLY FOR FUNDS THROUGH A REQUEST FOR PROPOSALS (RFP) PROCESS. TO IDENTIFY WHICH AGENCIES WILL BE AWARDED FUNDS, THE ALLIANCE SENDS OUT A CALL FOR REVIEWERS. ALL PROPOSALS ARE REVIEWED THROUGH A BLIND PANEL REVIEW, MADE UP OF STAFF FROM ALLIANCE MEMBER AGENCIES, THE GRANT ADVISORY COMMITTEES, AND LOCAL AND NATIONAL PARTNERS. ALLIANCE MEMBER ORGANIZATION THAT APPLY FOR A GRANT ARE NOT ELIGIBLE TO BE A REVIEWER DURING THE

Part IV Supplemental Information

PARTICULAR RFP PROCESS IN WHICH THEY SUBMITTED AN APPLICATION. GRANTEE AGENCY MONITORING PROCESS - WITHIN EACH PROPOSAL, APPLICANTS ARE REQUIRED TO PROVIDE INFORMATION ABOUT EXPECTED IMPACT AND LIST EXPECTED SHORT- AND LONG-TERM GOALS. THE ALLIANCE RECEIVES PERIODIC REPORTS ON THE PROGRESS OF EACH GRANTEE TOWARD THEIR STATED GOALS, LONG WITH FINANCIAL REPORTS SHOWING BUDGET AND ACTUAL RESULTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization: ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.

Employer identification number: 39-1709925

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
2			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		X
4a			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
4b			
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
4c			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		X
5a			
b	Any related organization?		X
5b			
	If "Yes" to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		X
6a			
b	Any related organization?		X
6b			
	If "Yes" to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X
7			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		X
8			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		
9			

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN SCHMIDT	(i)	101,400.	0.	0.	4,081.	2,033.	107,514.	0.
COO/CFO	(ii)	67,600.	0.	0.	2,720.	1,355.	71,675.	0.
(2) POLINA MAKIEVSKY	(i)	139,258.	0.	0.	5,571.	22,423.	167,252.	0.
SR VP KNOWLEDGE, MGMT & INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN DREYFUS	(i)	179,250.	0.	0.	7,200.	1,870.	188,320.	0.
CHIEF EXECUTIVE OFFICER	(ii)	59,750.	0.	0.	2,400.	623.	62,773.	0.
(4) DOUG DIEFENBACH	(i)	165,000.	0.	0.	6,600.	22,741.	194,341.	0.
SENIOR VP MARKETING AND PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

432113
10-13-14

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990	2014 Open to Public Inspection

Name of the organization	Employer identification number
ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.	39-1709925

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

THE ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC. MISSION IS TO STRENGTHEN THE CAPACITIES AND INFLUENCE OF OUR NATIONAL NETWORK OF HIGH-IMPACT NONPROFIT HUMAN-SERVING ORGANIZATIONS SO THAT TOGETHER WE MAY PURSUE OUR VISION OF A HEALTHY SOCIETY AND STRONG COMMUNITIES FOR ALL CHILDREN, ADULTS, AND FAMILIES.

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

ALL CHILDREN, ADULTS, AND FAMILIES.

FORM 990, PART VI, SECTION A, LINE 2:

SOME DIRECTORS ARE HEAD OF MEMBER AGENCIES.

FORM 990, PART VI, SECTION A, LINE 6:

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

FORM 990, PART VI, SECTION A, LINE 7A:

Name of the organization ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.

Employer identification number 39-1709925

THE DELEGATE FROM EACH VOTING MEMBER AND THE BOARD OF DIRECTORS MEET ANNUALLY AS A NATIONAL DELEGATE ASSEMBLY FOR THE ELECTION OF DIRECTORS AND THE TRANSACTION OF OTHER BUSINESS ON A DATE AND AT A TIME FIXED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS IS DIVIDED INTO THREE CLASSES, AND ONE CLASS IS VOTED UPON EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 7B:

DELEGATES FROM VOTING MEMBERS AND THE BOARD OF DIRECTORS MEET ANNUALLY AS A NATIONAL DELEGATE ASSEMBLY FOR THE ELECTION OF THE BOARD OF DIRECTORS AND THE TRANSACTION OF OTHER BUSINESS AS DETERMINED BY THE BOARD OF DIRECTORS. WHENEVER ACTION IS TAKEN BY THE NATIONAL DELEGATE ASSEMBLY, IT CONSTITUTES ACTION BY THE ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC. THE AFFIRMATIVE VOTE OF A MAJORITY OF DELEGATES OF THE NATIONAL ASSEMBLY AT A MEETING AT WHICH A QUORUM IS PRESENT CONSTITUTES AN ACT OF THE NATIONAL DELEGATE ASSEMBLY.

FORM 990, PART VI, SECTION B, LINE 11:

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS HAS A WEEK TO REVIEW AND SUBMIT THEIR COMMENTS AND QUESTIONS ON THE FORM 990 TO MANAGEMENT. UPON SATISFACTORY RESOLUTION OF QUESTIONS, THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD FOR TWO WEEKS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC. REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY OFFICER, DIRECTOR OR KEY EMPLOYEE WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL THE MATERIAL FACTS TO

Name of the organization: ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.

Employer identification number: 39-1709925

THE OFFICERS OR DIRECTORS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING DIRECTORS OR OFFICERS MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH OFFICER, DIRECTOR AND KEY EMPLOYEE ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

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

FORM 990, PART VI, SECTION C, LINE 19:

ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC. WILL PROVIDE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PENSION VALUATION -101,288.

FORM 990, PART XII, LINE 2C:

NO CHANGES TO THE PRIOR YEAR'S PROCESS HAVE BEEN MADE.

Name of the organization	Employer identification number
ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.	39-1709925

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization: ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.

Employer identification number: 39-1709925

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
UNITED NEIGHBORHOOD CENTERS OF AMERICA - 13-1624106, 11700 WEST LAKE PARK DRIVE, MILWAUKEE, WI 53224	VOLUNTARY NATIONAL NOT-FOR-PROFIT ORGANIZATION	NEW YORK	501(C)(3)	LINE 9	ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES,	X	
WAYS TO WORK, INC. - 39-1945011 11700 WEST LAKE PARK DRIVE MILWAUKEE, WI 53224	PROMOTE STRATEGIES TO IMPROVE THE FINANCIAL CONDITION OF THE	DELAWARE	501(C)(3)	LINE 7	ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES,	X	

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

Schedule R (Form 990) 2014

SEE PART VII FOR CONTINUATIONS

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08-14-14 LHA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
FEI BEHAVIORAL HEALTH, INC. - 39-1714534 11700 WEST LAKE PARK DRIVE MILWAUKEE, WI 53224	BEHAVIORAL HEALTH AND CRISIS MANAGEMENT	DE	ALLIANCE FOR STRONG FAMILIES AND	C CORP			100%		X

SEE PART VII FOR CONTINUATIONS

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WAYS TO WORK, INC.	Q	141,967.	CASH
(2) WAYS TO WORK, INC.	J	42,816.	REASONABLE ALLOCATION
(3) WAYS TO WORK, INC.	C	2,250.	CASH
(4) WAYS TO WORK, INC.	L	391,917.	REASONABLE ALLOCATION
(5) FEI BEHAVIORAL HEALTH, INC.	L	624,624.	REASONABLE ALLOCATION
(6) FEI BEHAVIORAL HEALTH, INC.	J	278,808.	CASH

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) FEI BEHAVIORAL HEALTH, INC.	Q	345,707.	REASONABLE ALLOCATION
(8) FEI BEHAVIORAL HEALTH, INC.	L	15,000.	CASH
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

UNITED NEIGHBORHOOD CENTERS OF AMERICA

DIRECT CONTROLLING ENTITY: ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.

NAME OF RELATED ORGANIZATION:

WAYS TO WORK, INC.

PRIMARY ACTIVITY: PROMOTE STRATEGIES TO IMPROVE THE FINANCIAL CONDITION OF THE DISTRESSED

DIRECT CONTROLLING ENTITY: ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

FEI BEHAVIORAL HEALTH, INC.

DIRECT CONTROLLING ENTITY: ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC.