Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	he 2018 calen	dar year, or tax y	year begir	nning 7/	01	, 20)18, ar	าd endir	ıg (5/30		,	2019	
В	Check	if applicable:	С								_	mploy	er identific	cation number	
		ddress change	YOLO COUNT	יע רוודו	DEEMS 7.	TTTANCE						68-0	05261	25	
		-	600 A STRE		IDICLINO 11.	пптиисп							ne number		
		ame change	DAVIS, CA												
	In	itial return	Diivis, Cii	JJ010								530-	-757-	5558	
	Fir	nal return/terminated													
	ıΑ	mended return									G	Gross re	eceipts \$	4,276	708.
	Αı	oplication pending	F Name and addre	ess of principa	al officer: OII	TDTNIA OE	0700			H(a) Is t	his a grou	p returr	n for subor		X _{No}
	ш .		SAME AS C	ABOVE	QUI	INTINA OF	ЮДСО			H(b) Are	all subor	dinates	included? (see instr	Yes	No
_	Tav	exempt status:	X 501(c)(3)	501(c) () ∢ (i	insert no.)	4947(a)(1	\ or	527	If "	No," attac	h a list.	(see instr	uctions)	
÷				1) - (1	ilisert ilu.)	4347 (a)(1) 01	JZ7						
<u>,, </u>			W.YOLOKIDS	1 1	1						oup exemp				
K		n of organization:	X Corporation	Trust	Association	Other ►		L Yea	r of format	ion: 2()02	IVI S	tate of leg	al domicile: CA	
Pa	ırt I	Summar	'n												
	1	Briefly descri	be the organizat	ion's miss	ion or most	significant a	activities:	<u>SEE</u>	SCHE	DULE_	0				
a															
Governance															
Ĕ															
Š	2	Check this bo	ox ► if the o	organizatio	n discontinu	ued its opera	ations or c	dispos	ed of mo	ore tha	n 25% d	of its i	net asse	ets.	
ၓ	3	Number of vo	oting members of	f the gove	rning body ((Part VI, line	e 1a)						3		5
~ઇ	4	Number of in	dependent voting	g member	s of the gov	erning body	(Part VI,	line 1	b)				4		5 5
<u>:</u>	5	Total number	of individuals er	mployed ir	n calendar y	ear 2018 (P	art V, line	2a).					5		68
Activities &	6	Total number	of volunteers (e	estimate if	necessary).								6		44
Acı	7a	Total unrelate	ed business reve	nue from	Part VIII, co	lumn (C), li	ne 12						7a		0.
	b	Net unrelated	d business taxab	le income	from Form 9	990-T, line 3	38						7b		0.
						<u>-</u>					Prior			Current Y	
	8	Contributions	and grants (Par	t VIII. line	: 1h)						3,19		64	4,165	
Revenue	9		vice revenue (Pa		,							13,6			,812.
e	10		ncome (Part VIII,									1,3			,262.
Re.	11		e (Part VIII, colu		-	-						$\frac{1,3}{7,1}$,527.
_	12		e – add lines 8 t								3,34			4,267	
	13		imilar amounts p											•	
	_			-			-				1,72	22,1	66.	1,643	,500.
	14	•	I to or for member	-											
S	15	Salaries, other	er compensation	, employe	e benefits (F	Part IX, colu	ımn (A), li	nes 5	·10)		1,26	54,0	35.	1,664	<u>,875.</u>
Se	16a	Professional	fundraising fees	(Part IX,	column (A),	line 11e)									
Expenses	b	Total fundrais	sing expenses (F	Part IX. co	lumn (D). lir	ne 25) ►		65	,873.						
Щ	17		ses (Part IX, colu								25	7.6 0	0.0	204	E 0.1
			es. Add lines 13-									76,8			<u>,501.</u>
	18	•		-	•			•			3,36			3,692	
	19	Revenue less	s expenses. Subt	tract line i	8 from line	12				_		L8,8			<u>,912.</u>
3 or										Begi	nning of (End of Ye	
set	20		(Part X, line 16).								1,51			2,171	
t As	21	Total liabilitie	es (Part X, line 2	6)							19	93,5	07.	159	,214.
Net Assets	22	Net assets or	fund balances.	Subtract I	ine 21 from	line 20					1,32	21,1	39.	2,012	,490.
Pa	rt II	Signatur	e Block												
Unde	er penal	Ities of perjury, I de	eclare that I have exan	nined this ret	urn, including ac	ccompanying scl	hedules and s	statemer	nts, and to	the best	of my kno	wledge	and belief,	, it is true, correct	, and
com	plete. D	eclaration of prepa	arer (other than officer)) is based on	all information of	of which prepare	er has any kn	owledge			-				
Sig	าท	Signatu	ire of officer								Date				
He	re	TRO	Y BIRD							VTC	CE CH	ΔTR			
			print name and title							V 1 C	L CII	1111			
		Print/Type r	oreparer's name		Preparer's sig	nature		Г	ate		Chec	_k T	if P	TIN	
_				CD A	J 31 5 519	, · · · ·						<u> </u>	」 "		
Pa			I. FRITZSCHE,								self-e	employe	ea P	00423351	
Pro	epare	Firm's name	FRITZSCH	HE ASSOC	IATES										
US	e On	Firm's addre	ess <u>1511 COF</u>	RPORATE	WAY STE 22	20					Firm'	s EIN 🎙	3203	43346	
			SACRAMEN	NTO, CA	95831-3890	0					Phon	e no.	916-42	22-2111	
Ma	y the	IRS discuss th	nis return with the				structions)							X Yes	No

4 d Other program services (Describe in Schedule O.)

(Expenses including grants of) (Revenue \$ **4 e** Total program service expenses

3,340,224.

	· · · · · · · · · · · · · · · · · · ·		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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		Х
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.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ŀ	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.	11 b		Х
(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.	11 c		Х
(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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
	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	11 f	X	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ŀ	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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ŀ	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		Х
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		Х
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		Х
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 (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

** PUBLIC COPY ** Form 990 (2018) YOLO COUNTY CHILDRENS ALLIANCE 68-0526185 Page 4 Checklist of Required Schedules (continued) Yes No 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 Χ Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Χ Schedule J..... 23 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..... Χ **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a 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 Χ **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 L 25b Χ 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. Χ 26 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. Χ 27 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): Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28h Χ c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an Χ officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*..... Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ Schedule N, Part II 32 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 Χ 33 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.... Χ 34 Χ 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a **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 **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.....* Χ 36

NO	te. All Form 990 filers are required to complete Schedule O		38	Λ	
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				. <u> </u>
				Yes	No
1 a En	ter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 155			
b En	ter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c Did	I the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	ambling) winnings to prize winners?		1 c	Х	
3ΔΔ	TEEA0104L 08/03/18		Form	990	(2018

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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..................

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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** PUBLIC COPY ** YOLO COUNTY CHILDRENS ALLIANCE 68-0526185 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2 a 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..... 68 Χ 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) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... Χ 3 a **b** If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*..... 3 b **A** a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a

4 a	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)?	4 a	Х
ŀ	o 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).		
5.2	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	+
		30	
	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?	6 a	X
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
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?	7 a	X
Ł	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	_	V
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h	
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?	9 a	
k	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
k	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
Ł	olf '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.		
Ŀ	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		
	Enter the amount of reserves on hand	-	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Х
	of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		+
13	excess parachute payment(s) during the year?	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16	X
BAA	·	Form 99	0 (2018)
	LEAGUE 123110	. 0.111 33	- (2010)

FINANCE MANAGER 500 JEFFERSON BLVD

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. Section A. Governing Body and Management No Yes 1 a 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. **b** Enter the number of voting members included in line 1a, above, who are independent ... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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.. SEE . SCHEDULE..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

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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

- 1 a 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 relati	ed organiz	ation	con	nper	sate	d any	y cu	rrent officer, direct	or, or trustee.	
(A) Name and Title	(B) Average hours per	is	both dir	an c	officer truste	-		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) QUIRINA OROZCO	3									
CHAIR	0	Χ		Χ				0.	0.	0.
(2) TROY BIRD	2									
VICE CHAIR	0	Χ		Χ				0.	0.	0.
(3) CINDY TUTTLE	2									
TREASURER	0	Χ		Χ				0.	0.	0.
(4) LORI HAWKINS	1									
DIRECTOR	0	Χ						0.	0.	0.
(5) FRANCISCO CASTILLO	1									
DIRECTOR	0	Χ						0.	0.	0.
(6) KATE VILLEGAS	40_									
EXECUTIVE DIR.	0			Χ				129,719.	0.	20,281.
(7) PATRICIA STYC	40_									
FINANCE MANAGER	0			Χ				66,335.	0.	6,537.
_ (8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Page 8

Part VII Section A. Officers, Di	rectors, Tru	(B)	ney		1 <u>1</u> 1(0		es,	and	a riignest Corr	ipensated Emp	loyee	S (conti	inuea)
		(B)			•	•			(D)	(E)		(E)	
(A) Name and title		Average hours	box	, unle	ess pe	erson	than	n an	(D) Reportable	(E) Reportable	E	(F) Estimated	t
Name and the		per week (list any		-			or/trus		compensation from the organization (W-2/1099-MISC)	compensation from related organizations	amo	ount of of of negation	ther on
		hours	Individual trustee or director	nstitutional trustee	Officer	Key employee	lighe: mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	or	from the ganization	on
		related organiza	dual ector	tions	74	mplc	st co yee	er				nd relate janizatio	
		- tions below	trust	ng fi)yee	mper						
		dotted line)	ee	stee			Highest compensated employee						
(15)							G.						
(15)													
(16)			-										
(17)													
			-										
(18)													
(19)			-										
(20)													
(21)													
(22)													
(23)													
(23)													
(24)													
(25)													
(23)			-										
1 b Sub-total								>	196,054.	0.		26,8	818.
c Total from continuation sheets to								•	0.	0.		0.0	0.
d Total (add lines 1b and 1c)								▶	196,054.	0.	oncatio		818.
from the organization 1	but not innited	to those i	isieu	auu	ve) i	WIIO	recer	veu	more than \$100,00	o or reportable comp	ensauc	111	
												Yes	No
3 Did the organization list any former on line 1a? If 'Yes,' complete Sche	r officer, direct	tor, or tru	stee,	key	en en	ploy	/ee,	or h	ighest compensa	ted employee	. 3		Х
4 For any individual listed on line 1a,											. 3		Λ
the organization and related organi	izations greate	r than \$1	50,00	00?	If '	′es,'	com	ıple	te Schedule J for		. 4		X
5 Did any person listed on line 1a reconstruction for services rendered to the organization.	ceive or accrue	e compen	satio	n fr	om	any	unre	late	d organization or	individual	. 5		Х
Section B. Independent Contrac		, comple	<i>ie</i> 50	neu	luic	5 10	i suc	лρ	er3011		. 3	1	Λ
Complete this table for your five his compensation from the organization.	ghest compens	sated inde	epen	dent	t cor	ntrac	ctors	tha	t received more the	nan \$100,000 of			
	(A) business addr		110 0	aicii	uui .	ycai	Criun	iig v	(B)		((C)	
Name and	bùsíness addr	ess							Description (of services	Comp	eńsatio	on
2 Total number of index	and Construction		المطا	. 11	'	I	اء ا		udaa waasii sa I	Ale a re			
2 Total number of independent contract \$100,000 of compensation from the			nea to	ว เทด	se I	ISTEC	abo	ve)	wito received more	เกลก			
, , : : : : : : : : : : : : : : : : : :	3. :==:::3	U											

Form 990 (2018) YOLO COUNTY CHILDRENS ALLIANCE 68-0526185 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c 23,810 **d** Related organizations 1 d e Government grants (contributions) 3,052,157 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 1,089,220 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 4,165,187 **Business Code** Program Service Revenue 2a MEDICARE ADMIN ACTIVITY 900099 50,317 50,317 b CAL FRESH_____ 900099 37,495 37,495 **f** All other program service revenue. . . g Total. Add lines 2a-2f 87,812 Investment income (including dividends, interest and other similar amounts) 5,262 5,262. Income from investment of tax-exempt bond proceeds.. ▶ 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 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss)..... **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ 23,810. of contributions reported on line 1c). See Part IV, line 18..... a 18,447 **b** Less: direct expenses b 8,920 c Net income or (loss) from fundraising events 9,527 9,527. 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b c** Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** C

4,267,788

87,812

14<u>,78</u>9

0

Part IX Statement of Functional Expenses

_	Check if Schedule o Contains a f	(A)	(B)	(C)	(D)
6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total èxpenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,643,500.	1,643,500.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,013,300.	1,013,300.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	222,872.	105,000.	110,372.	7,500.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described	222,012.	103,000.	110,372.	7,300.
_	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,196,280.	1,076,232.	78,209.	41,839.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,337.	5,512.	589.	236.
9	Other employee benefits	91,940.	86,818.	2,215.	2,907.
10	Payroll taxes	147,446.	122,480.	19,726.	5,240.
11	Fees for services (non-employees):				
	Management				
	Legal				
	: Accounting	39,875.		39,875.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
12	Advertising and promotion	16,347.	13,063.	1,336.	1,948.
13	Office expenses	27,702.	24,378.	2,493.	831.
14	Information technology				
15	Royalties				
16	Occupancy	14,740.	12,971.	1,327.	442.
17	Travel.	48,969.	42,173.	5,097.	1,699.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,020.	7,057.	722.	241.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,006.	5,819.	938.	249.
23 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.).	8,329.	7,329.	750.	250.
а	PROGRAM EXPENSES	112,826.	108,093.	4,733.	
	TELEPHONE	39,202.	34,498.	3,528.	1,176.
	OUTSIDE SERVICES	26,613.	23,419.	2,395.	799.
	DUES AND SUBSCRIPTIONS	13,080.	11,511.	1,177.	392.
	All other expenses.	21,792.	10,371.	11,297.	124.
25	Total functional expenses. Add lines 1 through 24e	3,692,876.	3,340,224.	286,779.	65,873.
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)				

30

31

32

33

34

2,012,490.

1,321,139.

Part X **Balance Sheet** Beginning of year End of year 1 239,369 201,488. Savings and temporary cash investments..... 2 2 693,798 155,592. 3 3 Pledges and grants receivable, net..... 557,171 756,007. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 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 instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net..... Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 1,162. 9 18,991. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 67,276. 10 c **b** Less: accumulated depreciation..... 10b 42,705. 11,886 24,571. Investments — publicly traded securities..... 11 11 12 Investments – other securities. See Part IV, line 11..... 12 Investments – program-related. See Part IV, line 11...... 13 13 14 14 Intangible assets..... 15 Other assets. See Part IV, line 11..... 11,260 15 15,055. Total assets. Add lines 1 through 15 (must equal line 34).... 2,171,704. 16 1,514,646. 16 17 Accounts payable and accrued expenses..... 189,461 17 153,478 18 Grants payable 18 19 $2,\overline{179}$. 19 2,179. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 Liabilitie 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 Unsecured notes and loans payable to unrelated third parties..... 24 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 1,867 25 3,557. Total liabilities. Add lines 17 through 25..... 193,507. 26 159,214. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets.... 27 27 1,046,627 1,212,838. Temporarily restricted net assets. 28 274,512. 799,652. 29 Fund Permanently restricted net assets..... 29

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds.....

Paid-in or capital surplus, or land, building, or equipment fund.....

Retained earnings, endowment, accumulated income, or other funds.....

and complete lines 30 through 34.

ö

30

31 32

33

Check if Schedule O contains a response or note to any line in this Part					
	t XI				
1 Total revenue (must equal Part VIII, column (A), line 12)		1	4,26	57,7	88.
2 Total expenses (must equal Part IX, column (A), line 25)		2	3,69	2,8	76.
3 Revenue less expenses. Subtract line 2 from line 1		3		4,9	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33,	column (A))	4	1,32		
5 Net unrealized gains (losses) on investments		5			
6 Donated services and use of facilities		6			
7 Investment expenses		7			
8 Prior period adjustments		8	11	6,4	39.
9 Other changes in net assets or fund balances (explain in Schedule O)		9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal F					
column (B))		10	2,01	2,4	<u>90.</u>
Part XII Financial Statements and Reporting					_
Check if Schedule O contains a response or note to any line in this Part	t XII				
		-	,	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual	Other				
If the organization changed its method of accounting from a prior year or chec in Schedule O.	ked 'Other,' explain				
2 a Were the organization's financial statements compiled or reviewed by an indep	pendent accountant?		2 a		Χ
If 'Yes,' check a box below to indicate whether the financial statements for the separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and		d on a			
b Were the organization's financial statements audited by an independent accou	ıntant?		2b	X	
If 'Yes,' check a box below to indicate whether the financial statements for the basis, consolidated basis, or both:	e year were audited on a separat	:e			
X Separate basis Consolidated basis Both consolidated and	separate basis				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsible, or compilation of its financial statements and selection of an independent	onsibility for oversight of the audit, lent accountant?		2 c	Х	
If the organization changed either its oversight process or selection process du in Schedule O.	3 , , ,				
3 a As a result of a federal award, was the organization required to undergo an audit or Audit Act and OMB Circular A-133?			3 a	Х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization or audits, explain why in Schedule O and describe any steps taken to undergo			3 b	Х	
BAA TEEA0112L 08/03/18			Form		2018)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name	of th	e organization							ation number		
YOI	0	COUNTY CHILDRENS A	68-0	52618	5						
Par	t I	Reason for Public Cha	arity Status (All or	ganizations must o	comple	te this	part.) See	nstruc	tions.		
The	orga	anization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)				
1		A church, convention of church	nes, or association of ch	nurches described in sect	tion 170(b)(1)(A)(i).				
2		A school described in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)					
3		A hospital or a cooperative h		•		•	A)(iii).				
4	-	A medical research organiza	,					Δγίίι) Ε	nter the hospital's		
7		name, city, and state:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	— — — —			
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ge or university owned	or oper	ated by	a governmenta	al unit de	escribed in		
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).				
7	7 X 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	I in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9		An agricultural research organi	ization described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	oniunctio	on with a land-q	rant colle	eae		
		or university or a non-land-gra	nt college of agriculture		the nan						
10		An organization that normally in from activities related to its investment income and unre June 30, 1975. See section	exempt functions—sub lated business taxabl	oject to certain exception e income (less section	ns, and	(2) no i	more than 33-1	/3% of i	ts support from gross		
11		An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).				
12		An organization organized a or more publicly supported or	organizations describe	d in section 509(a)(1) d	r section	n 509(a	(2). See section	on 509(a	ut the purposes of one)(3). Check the box in		
_		lines 12a through 12d that de							, the currented		
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	egularly appoint or elect	a, or controlled by its sup a majority of the directo	rs or trus	tees of t	the supporting o	rganizati	on. You must		
b		Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in								
c		Type III functionally integrated organization(s) (see instruction	. A supporting organizations). You must com	ion operated in connection	n with, a	nd function	onally integrated	with, its	supported		
d		Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting org	anization operated in cor must satisfy a distribu	nnection	with its s	supported organ	ization(s) that is not		
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from	the IRS	that it is	а Туре I, Туре	e II, Typ	e III functionally		
f	Er	nter the number of supported									
g	Pr	rovide the following informatio	n about the supported	d organization(s).							
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the ion listed overning nent?	(v) Amount of n support (see inst		(vi) Amount of other support (see instructions)		
					Yes	No					
(A)											
(B)											
(C)											
(D)	_										
(E)											
` '											
Tota											

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

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

Sec	tion A. Public Support										
begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,387,082.	1,693,193.	3,587,163.	3,192,664.	4,165,187.	14,025,289.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,387,082.	1,693,193.	3,587,163.	3,192,664.	4,165,187.	14,025,289. 55,556.				
6	Public support. Subtract line 5 from line 4						13,969,733.				
Sec	tion B. Total Support			•	•	•	, ,				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7	Amounts from line 4	1,387,082.	1,693,193.	3,587,163.	3,192,664.	4,165,187.	14,025,289.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	469.	359.	268.	1,367.	5,262.	7,725.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	16,677.	3,600.	4,800.	7,170.	9,527.	41,774.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	-2,602.	,		,		-2,602.				
11	Total support. Add lines 7 through 10						14,072,186.				
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	240,059.				
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	▶ □				
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage			Т					
	Public support percentage for 20 Public support percentage from 3						99.27 %				
	33-1/3% support test—2018. If t and stop here. The organization	he organization di	id not check the b	oox on line 13. and	d line 14 is 33-1/3	3% or more, chec	k this box				
b	b 33-1/3% support test—2017. 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	7a 10%-facts-and-circumstances test—2018. 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										
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organization meets the organization organization organization.	meets the 'facts-ad-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Par ed organization.	t VI how the▶				

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support	,	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	lar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)					,,	·
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1			T	
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		id, third, fourth, c	or fifth tax year as	a section 501	(c)(3) ►
Sec	tion C. Computation of Pul	olic Support F	Percentage				
	Public support percentage for 20	•			•		5 %
	Public support percentage from 2				<u></u>		6 %
	tion D. Computation of Inv						
	Investment income percentage for	•	• • •	-			7 %
	Investment income percentage fi						8 %
	33-1/3% support tests—2018. If t is not more than 33-1/3%, check 33-1/3% support tests—2017. If t	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organiza	tion
	line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ialifies as a public	ly supported o	rganization •

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	1. 5 5		Yes	No
			162	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		
3а	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		
С	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 12a or 12b in Part I, answer (b) and (c) below.	4 a		
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		
С	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		
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) 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 .	9с		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,'</i> answer 10b 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		

Sch	edule A	A (Form 990 or 990-EZ) 2018 YOLO COUNTY CHILDRENS ALLIANCE	68-0526185	F	Page 5
Pa	rt IV	Supporting Organizations (continued)		1	1
11	Has	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A pe	erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below	v, the		
	-	erning body of a supported organization?	118	a	
		imily member of a person described in (a) above?	111	-	
		5% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail i	n Part VI. 110		
Sec	ction	B. Type I Supporting Organizations			
1	Did t	the directors, trustees, or membership of one or more supported organizations have the power to regularly	appoint	Yes	No
	or el Part If th dire	lect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' de t VI how the supported organization(s) effectively operated, supervised, or controlled the organization be organization had more than one supported organization, describe how the powers to appoint and ctors or trustees were allocated among the supported organizations and what conditions or restrict	escribe in on's activities. d/or remove		
2		lied to such powers during the tax year.			
2	that bene	the organization operate for the benefit of any supported organization other than the supported organization? If 'Yes,' explain in Part VI how prefit carried out the purposes of the supported organization(s) that operated, supervised, or controlly porting organization.	oviding such		
Sec		C. Type II Supporting Organizations			
		<u> </u>		Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors of ach of the organization's supported organization(s)? If 'No,' describe in Part VI how control or man	agement of the		
_		porting organization was vested in the same persons that controlled or managed the supported org	nanization(s). 1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1		the organization provide to each of its supported organizations, by the last day of the fifth month of anization's tax year, (i) a written notice describing the type and amount of support provided during			
	year	r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) cor	pies of the		
	orga	anization's governing documents in effect on the date of notification, to the extent not previously pr	rovided? 1		
2	Wer	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the sup	ported		
	orga the	anization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Pa organization maintained a close and continuous working relationship with the supported organizati</i>	on(s). 2		
3	By r	reason of the relationship described in (2), did the organization's supported organizations have a si	anificant		
Ū	voic	e in the organization's investment policies and in directing the use of the organization's income or	assets at		
		imes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organiz his regard.	ations played 3		
Se	ction	E. Type III Functionally Integrated Supporting Organizations	·	•	
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	ee instructions).		
		The organization satisfied the Activities Test. Complete line 2 below.			
	=	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	=	The organization supported a governmental entity. Describe in Part VI how you supported a govern	nment entity (see instri	ıctions)
	٠ 🗆	The organization supported a governmental entity. Describe in Furt VI now you supported a govern	ment entity (see mone		, .
2	Activ	vities Test. Answer (a) and (b) below.	_	Yes	No
	supp org a	substantially all of the organization's activities during the tax year directly further the exempt purposerted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those sup anizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organizations are supposed to the exempt purposes activities directly furthered their exempt purposes.	ported nization was		
		consive to those supported organizations, and how the organization determined that these activities stantially all of its activities.	s constituted 2a	1	
	b Did	the activities described in (a) constitute activities that, but for the organization's involvement, one	or more of		
	the o	organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities but	e reasons for		
		organization's position that its supported organization(s) would have engaged in these activities bu anization's involvement.	2t)	
3	Pare	ent 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, o	r trustees of		
	each	n of the supported organizations? <i>Provide details in Part VI.</i>	38	1	
	b Did t	the organization exercise a substantial degree of direction over the policies, programs, and activities of eaported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	ch of its)	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on Notions must	v. 20, 1970 (explain in t complete Sections A	n Part VI). See A through E.
Sec	tion 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		
Sec	tion 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 shortax year or assets held for part of year):	rt		
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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 in	ntegrated	Type III supporting or	ganization

(see instructions).

Schedule A (Form 990 or 990-EZ) 2018

10 Line 8 amount divided by line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion 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 2018 from Section C, line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
BAA		Schedule A (Fo	rm 990 or 990-EZ) 201

BAA

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

YOLO COUNTY CHILDRENS ALLIANCE

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

 NATURE AND SOURCE
 2018
 2017
 2016
 2015
 2014

 DISPOSAL OF FIXED ASSETS TOTAL \$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ -2,602
 \$ -2,602

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	YOLO COUNTY CHILDRENS ALLIANCE	68-0526185
Par	t Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Accounts.
<u> </u>	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6	5.
	(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 dor are the organization's property, subject to the organization's exclusive legal control?	nor advised fundsYes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other primpermissible private benefit?	s can be used only purpose conferring
Par		
rar	Complete if the organization answered 'Yes' on Form 990, Part IV, line 3	7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a certified historic structure
	Preservation of open space	a certifica filistorio structuro
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
	Total number of conservation easements.	
k	Total acreage restricted by conservation easements	
(: Number of conservation easements on a certified historic structure included in (a)	2c
C	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	e organization during the
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, hand	dling of violations.
•	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva ▶\$	ation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expensinclude, if applicable, the text of the footnote to the organization's financial statements that deconservation easements.	scribes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	Other Similar Assets. 3.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revening art, historical treasures, or other similar assets held for public exhibition, education, or research in fur in Part XIII, the text of the footnote to its financial statements that describes these items.	ue statement and balance sheet works of therance of public service, provide,
ŀ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue s historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	ance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1.	
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for financ amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1.	
ŀ	Assets included in Form 990, Part X	▶\$

Part III Organizations Maintaining (Collections of Art, Histo	orical Treasures, or	r Other Similar Ass	ets (c	ontinu	ied)
3 Using the organization's acquisition, access items (check all that apply):	ion, and other records, check a	ny of the following that a	re a significant use of its	collectio	n	
a Public exhibition	d ☐ Loan	or exchange programs				
b Scholarly research	e Other					
c Preservation for future generations	<u> </u>					
4 Provide a description of the organization's or Part XIII.	collections and explain how they	y further the organization'	s exempt purpose in			
5 During the year, did the organization sol	icit or receive donations of ar	t historical treasures of	or other cimilar accets			
to be sold to raise funds rather than to b Part IV Escrow and Custodial Arrai	e maintained as part of the o	organization's collection	?	Yes		No + IV/
line 9, or reported an amour	nt on Form 990, Part X,	line 21.	swered res offro	1111 99	U, F ai	
1 a Is the organization an agent, trustee, cur on Form 990, Part X?	stodian or other intermediary	for contributions or oth	er assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement in Part				□ .••	L	
2				Amoun	t	
c Beginning balance			1c			
d Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an amount				Yes		No
b If 'Yes,' explain the arrangement in Part			•		_	┤`
2	7 Griddik mere in tine empia.	nation had book provide			· · · · · L	
Part V Endowment Funds. Comple	te if the organization ar	nswered 'Yes' on Fo	orm 990. Part IV. lii	ne 10.		
	Current year (b) Prior yea				Four year	s back
1 a Beginning of year balance						
b Contributions						
• Nist investment a surious						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities						
and programs f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the	current year end halance (lir	ne 1g. column (a)) held	as:			
a Board designated or quasi-endowment ►	%	ic rg, column (a)) nela	as.			
b Permanent endowment						
c Temporarily restricted endowment ►	 °					
The percentages on lines 2a, 2b, and 2c sh						
3 a Are there endowment funds not in the possiorganization by:	ession of the organization that a	are held and administered	d for the		Yes	No
(i) unrelated organizations				. 3a(i)		
(ii) related organizations				3a(ii)		
b If 'Yes' on line 3a(ii), are the related org	anizations listed as required	on Schedule R?		. 3b		
4 Describe in Part XIII the intended uses of	of the organization's endowme	ent funds.				
Part VI Land, Buildings, and Equip	ment.					
Complete if the organization		m 990, Part IV, line	e 11a. See Form 99	0, Par	t X, lii	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land						
b Buildings					_	
c Leasehold improvements						
d Equipment		53,114.	30,453.		22	,661.
e Other		14,162.	12,252.			,910.
Total. Add lines 1a through 1e. (Column (d) m						,571.
DAA		• • • • • • • • • • • • • • • • • • • •		ulo D /E		

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Part VII Investments — Other Securities. Complete if the organization answered	Yes' on Form 99	N/A D, 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)		
(B)		
(C)		
(D) (E)		
(<u>E</u>)		
(F)		
$\frac{(G)}{(H)}$		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
		N/A
Complete if the organization answered		N/A D, 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)		
<u>(7)</u> (8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •		
Part IX Other Assets.	N/A	
	scription	D, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1)	scription	(b) Book Value
(2)		
(3)		
(4)		
(5)		
<u>(6)</u> (7)		
(7) (8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)	
Part X Other Liabilities.		
Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25.
(a) Description of liability (1) Federal income taxes	(b) Book value	
(2) DEPOSITS HELD AS FISCAL AGENT	3,55	37
(3)	3,30	71.
(4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. > 3,55	57.
	5,55	· · •

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 Re	tuiii.	ı
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	4,367,788.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	100,000.
3 Subtract line 2e from line 1	3	4,267,788.
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	4,267,788.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	rn.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	n.
	Retur 1	3,792,876.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 100,000.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of Second Secon	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	1	3,792,876.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	1 2e	3,792,876.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	1 2e	3,792,876.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 Ab Other (Describe in Part XIII.) 4 Dother (Describe in Part XIII.)	1 2e	3,792,876.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	2 e 3	3,792,876.

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 X - FIN 48 FOOTNOTE

Part XIII | Supplemental Information.

WE HAVE EVALUATED OUR TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES AND DO NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

BAA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization YOLO COUNTY CHILDRENS ALLIANCE 68-0526185 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

68	$ \cap$	152	61	25
()()		1.)/.	() [().)

		G (Form 990 or 990-EZ) 2018 YOLO CC			68-052		
Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great events.	event contributions	s and gross income	on Form 990-EZ,	lines 1 and 6b.	
R			(a) Event #1 SPRING EVENT (event type)	(b) Event #2 COMMUNITY GIVE (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))	
R E V E N U	1	Gross receipts	24,596.	7,985.	5,027.	37,608.	
Ē	2	Less: Contributions	6,149.	7,985.	5,027.	19,161.	
	3	Gross income (line 1 minus line 2)	18,447.			18,447.	
	4	Cash prizes					
	5	Noncash prizes					
D R E C T	6	Rent/facility costs					
	7	Food and beverages					
EXPENSES	8	Entertainment					
N S E	9	Other direct expenses	8,920.			8,920.	
S	10		-			-,	
Par		Net income summary. Subtract line 10 fr Gaming. Complete if the organization				• / • - · •	
		\$15,000 on Form 990-EZ, line 6a.	T	· 		· 	
R E V E N U			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
Ü E	1	Gross revenue					
E	2	Cash prizes					
D I P E N C T E	3	Noncash prizes					
Č Š T E S	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes 8	Yes%	Yes 8		
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)				
	8	Net gaming income summary. Subtract li	ine 7 from line 1, colum	ın (d)	▶		
	O a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						

Sch	edule G (Form 990 or 990-EZ) 2018 YOLO COUNTY CHILDRENS ALLIANCE 68-	-0526185	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	Ī	
;	a The organization's facility	13a	%
	b An outside facility	13 b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		. – – – -
	Address ►		
1	a Does the organization have a contract with a third party from whom the organization receives gaming revenue		No
	Name ►		. – – – 7
	Address ►		;
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e	
_	organization's own exempt activities during the tax year ► \$	2005	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, colu and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	mns (III) and (Vadditional	V);

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' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047

2018

Open to Public Inspection

Name	of the organization YOLO COUNTY C	Employer identification number 68-0526185						
Pai	rt I General Information on G	rants and Assist	ance					
	Does the organization maintain records the selection criteria used to award to Describe in Part IV the organization's pr	he grants or assistar	ce?		eligibility for the grants	or assistance, and		Yes X No
Pai	Grants and Other Assista Form 990, Part IV, line 21							
	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 noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
	Enter total number of section 501(c)(· · · · ·	-					0
3	Enter total number of other organizat	tions listed in the line	e i table					(

68-0526185

Page 2

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
1 CHILD CARE PROVIDER PAYMENTS	156	1,643,500.								
_ 2										
3										
4										
5										
6										
7										

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

YOLO COUNTY CHILDRENS ALLIANCE

Employer identification number

68-0526185

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

WORK TOGETHER TO IMPROVE THE LIVES OF CHILDREN, YOUTH, AND FAMILIES IN OUR COMMUNITIES. THE CHILDREN'S ALLIANCE IS AN INTER-AGENCY COLLABORATIVE, WHICH COORDINATES NEEDED FAMILY SUPPORT SERVICES, CONVENES CHILD AND FAMILY ADVOCATES TO SOLVE COMMUNITY PROBLEMS, AND GATHERS AND DISSEMINATES LOCAL INFORMATION ABOUT THE NEEDS AND WELL-BEING OF YOLO COUNTY FAMILIES.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WORK TOGETHER TO IMPROVE THE LIVES OF CHILDREN, YOUTH, AND FAMILIES IN OUR COMMUNITIES. THE CHILDREN'S ALLIANCE IS AN INTER-AGENCY COLLABORATIVE, WHICH COORDINATES NEEDED FAMILY SUPPORT SERVICES, CONVENES CHILD AND FAMILY ADVOCATES TO SOLVE COMMUNITY PROBLEMS, AND GATHERS AND DISSEMINATES LOCAL INFORMATION ABOUT THE NEEDS AND WELL-BEING OF YOLO COUNTY FAMILIES.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

AN ELECTRONIC COPY OF THE TAX FORMS ARE PROVIDED TO THE FINANCE COMMITTEE, THE EXECUTIVE DIRECTOR, AND THE BOOKKEEPER. AFTER REVIEWING AND APPROVING THE TAX FORMS, THE TREASURER SIGNS THE FORM 8879EO TO PERMIT THE PREPARER TO ELECTRONICALLY FILE THE RETURNS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ARE REQUIRED TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST AT ANY TIME

A MATTER COMES UP FOR DISCUSSION OR VOTE THAT WOULD BE AFFECTED BY THE CONFLICT.

AFTER DISCLOSING THE NATURE OF THE CONFLICT THEY ARE EXPECTED TO RECUSE THEMSELVES
FROM FURTHER DISCUSSION OR VOTING.

EACH BOARD MEMBER RECEIVES A COPY OF THE CONFLICY OF INTEREST POLICY AND FILES A FULL DISCLOSURE STATEMENT WHEN THEY BEGIN THEIR SERVICE ON THE BOARD AND ARE ASKED TO UPDATE IT ANNUALLY.

Name of the organization
YOLO COUNTY CHILDRENS ALLIANCE

Employer identification number
68-0526185

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT EXECUTIVE DIRECTOR COMPENSATION IS PAID BY YOLO COUNTY. THE PACKAGE IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND MUST BE WITHIN COUNTY STANDARDS FOR THE POSITION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS ARE KEPT AT THE ADMINISTRATIVE OFFICES. THE EXECUTIVE DIRECTOR AUTHORIZES COPIES WHEN REQUESTED.