(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

► 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 , 2019, and ending For the 2019 calendar year, or tax year beginning , 2020 Check if applicable: D Employer identification number Address change YOLO COUNTY CHILDRENS ALLIANCE 68-0526185 600 A STREET Y Telephone number Name change DAVIS, CA 95616 530-757-5558 Initial return Final return/terminated **G** Gross receipts \$ Amended return 3,865,515 F Name and address of principal officer: H(a) Is this a group return for subordinates Application pending Yes OUIRINA OROZCO **H(b)** Are all subordinates included? If "No," attach a list. (see instructions) SAME AS C ABOVE Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ((insert no.) Website: ► WWW.YOLOKIDS.ORG H(c) Group exemption number ▶ X Corporation 2002 M State of legal domicile: CA Form of organization: Other > L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)..... 5 5 84 Total number of volunteers (estimate if necessary)..... 6 44 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, line 39. 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 4,165,187 3,860,886. Program service revenue (Part VIII, line 2g)..... 87,812 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 5,262. 2,708. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 9,527. 1,921. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 4,267,788 12 3,865,515. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 1,643,500 1,374,962 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,664,875 2,171,006. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 384,501 532,576. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 3,692,876. 4,078,544. Revenue less expenses. Subtract line 18 from line 12..... 574,912. -213,029.**Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 2,017,586. 2,171,704. 21 159,214. 218,116. Net assets or fund balances. Subtract line 21 from line 20...... 22 2,012,490. 1,799,470. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here LORI HAWKINS TREASURER Type or print name and title Print/Type preparer's name Preparer's signature JAMES H. FRITZSCHE, CPA **Paid** self-employed P00423351 Preparer FRITZSCHE ASSOCIATES Use Only

1511 CORPORATE WAY STE 220

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

SACRAMENTO, CA 95831

Firm's address

Firm's EIN ► 320343346 Phone no. 916-422-2111

Yes

No

Form 990 (2019) YOLO COUNTY CHILDRENS ALLIANCE Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	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? <i>If 'Yes,' complete Schedule C, Part II</i>	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 donor-restricted endowments or in 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.			
â	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	o 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	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
C	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	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	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Χ	
ł	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ł	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		Х
	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		Х

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Pa	rt IV	Checklist of Required Schedules (continued)		Yes	No
22	Did th	he organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part I nn (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	X, 22	Х	
23	and fo	ne organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current ormer officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete dule J.</i>	23		X
24	the la	ne organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of ast day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and plete Schedule K. If 'No, 'go to line 25a	24a		Х
1	,	he organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	-		
	any ta	ne organization maintain an escrow account other than a refunding escrow at any time during the year to defease ax-exempt bonds?	-		
(d Did th	he organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section transa	ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit action with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ļ	that th	e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and he transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete idule L, Part I</i>	25b		Х
26	Did the forme or far	he organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or er officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity mily member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	, 26		Х
27	emplo meml	he organization provide a grant or other assistance to any current or former officer, director, trustee, key oyee, creator or founder, substantial contributor or employee thereof, a grant selection committee ber, or to a 35% controlled entity (including an employee thereof) or family member of any of these ons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was t	the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV actions, for applicable filing thresholds, conditions, and exceptions):			
;		rrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'complete Schedule L, Part IV	28a		Х
1	b A fan	nily member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
(c A 359 Yes,'	% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'complete Schedule L, Part IV	28c		Х
29	Did th	he organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did th	he organization receive contributions of art, historical treasures, or other similar assets, or qualified conserva ibutions? <i>If 'Yes,' complete Schedule M</i>	tion 30		Х
31		he organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.			X
32	Did th	ne organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete idule N, Part II	32		Х
33	Did th 301.7	ne organization own 100% of an entity disregarded as separate from the organization under Regulations sections 1701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was t	the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Part V, line 1	34		Х
35	a Did th	he organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	b If 'Ye entity	es' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section	ion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related nization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did th treate	ne organization conduct more than 5% of its activities through an entity that is not a related organization and that is ed as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did th Note:	ne organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? : All Form 990 filers are required to complete Schedule O.	38	Х	
Pa		Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V		Yes	
1	a Enter	r the number reported in Box 3 of Form 1096. Enter -0- if not applicable	153		
		r the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
·	c Did th (gam	ne organization comply with backup withholding rules for reportable payments to vendors and reportable gaming ibling) winnings to prize winners?	10	X	

** PUBLIC DISCLOSURE COPY ** Form 990 (2019) YOLO COUNTY CHILDRENS ALLIANCE 68-0526185 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 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..... 84 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... 2 b 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 on Schedule 0*... 3 b 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)? Χ 4 a **b** If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?... 5 a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?...... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?... 5 c 6 a 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? Χ 6 a **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 b Organizations that may receive deductible contributions under section 170(c).

BAA TEEA0105L 07/31/19	Form 99	90 (2019)
If 'Yes,' complete Form 4720, Schedule O.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.	15	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	Х
c Enter the amount of reserves on hand		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
·		
Note: See the instructions for additional information the organization must report on Schedule O.	158	
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	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	-	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).		
a Gross income from members or shareholders		
11 Section 501(c)(12) organizations. Enter:	-	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-	
a Initiation fees and capital contributions included on Part VIII, line 12		
10 Section 501(c)(7) organizations. Enter:	36	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	
9 Sponsoring organizations maintaining donor advised funds.	8	
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	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
as required?	7 g	
q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 e	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	-	X
Form 8282?	7 c	Х
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
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

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for

Page 6

a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 on Schedule O. **b** Enter the number of voting members included on 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 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 members of the governing body?..... 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?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 on Schedule Q..... 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?..... 10 a Χ 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 Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a 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? X a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a **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 X taxable entity during the year?..... 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 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow CA 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 on Schedule O) Describe on Schedule O 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 FINANCE MANAGER 500 JEFFERSON BLVD WEST SACRAMENTO CA 95605 530-757-5558

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Form 990 (2019)

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.

See instructions for the order in which to list the persons above.

BAA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									_
(A) Name and title	(B) Average hours per	is	both	an c	officer truste	,		(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
	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)	compensation from the organization and related organizations
(1) KATE VILLEGAS	40									
EXECUTIVE DIR.	0			Χ				131,986.	0.	13,600.
(2) PATRICIA STYC FINANCE MANAGER	$-\frac{40}{0}$			Х				68,114.	0.	7,483.
(3) QUIRINA OROZCO	3							·		<u> </u>
CHAIR	0	Χ		Χ				0.	0.	0.
(4) TROY BIRD	2									_
VICE CHAIR	0	Χ		Χ				0.	0.	0.
(5) LORI HAWKINS	2									
TREASURER	0	Χ		Χ				0.	0.	0.
(6) CINDY TUTTLE	11									
DIRECTOR	0	Χ						0.	0.	0.
(7) FRANCISCO CASTILLO	1									
DIRECTOR	0	Χ						0.	0.	0.
_(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>										

TEEA0107L 07/31/19

Part VII Section A. Officers, Directors, 11		Ney		•		CS, (anc	i nigilest coll	ipensated Emp	loyees (continuea)
	(B)			((•					
(A)	Average hours	Position (do not check more than one box, unless person is both an		(D)	(E)	(F)				
Name and title	per week	offic	cer ar	nd a	direct	or/trus	tee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	(list any hours	or d	listi	Officer	Key	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	for related	Individual or director	ottu	cer	emp	iest i iloye	ner			and related organizations
	organiza - tions	E E	nal t		Key employee	comp				
	below dotted	Individual trustee or director	nstitutional trustee		ðí)ens				
	line)		ď			ited				
(15)										
	1	•								
(16)										
(17)										
(18)										
40										
(19)		-								
(20)										
		•								
(21)										
	1	1								
(22)										
(23)										
(24)										
(25)										
(25)										
1 b Subtotal							>	200,100.	0.	21,083.
c Total from continuation sheets to Part VII, Secti							▶ .	0.	0.	0.
d Total (add lines 1b and 1c)							▶	200,100.	0.	21,083.
2 Total number of individuals (including but not limited	I to those I	isted	abo	ve) v	who	recei	ved		0 of reportable comp	
from the organization 1										
										Yes No
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey ei	mpl	oyee	, or	high	nest compensated	employee	3 X
on line 1a? If 'Yes,' complete Schedule J for suc										. 3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate	f reportab er than \$1	le co	mpe	ensa If '\	tion es	and	oth	er compensation	from	
such individual										. 4 X
5 Did any person listed on line 1a receive or accru	e comper	satio	ņ fr	om	any	unre	late	d organization or	individual	F 37
for services rendered to the organization? If 'Yes	s, comple	te So	cnea	iuie	J fo	r suc	n p	erson		. 5 X
	sated inde	epen	dent	t cor	ntrad	ctors	tha	t received more t	nan \$100.000 of	
Complete this table for your five highest comper compensation from the organization. Report comper	sation for	the c	alen	dar	year	endii	ng w	vith or within the or	ganization's tax year	
(A) Name and business add	racc							(B) Description (of services	(C) Compensation
Traine and pusiness add								Description	7. 301 ¥1003	Componsation
2 Total number of independent contractors (including	out not lim	ited to	o the	se I	isted	labo	ve) v	who received more	than	
\$100,000 of compensation from the organization	► 0									

Total revenue. See instructions.....

12

,708

0

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 (C) (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 d Related organizations..... 1 d e Government grants (contributions) 3,621,559 f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 239,327 **q** Noncash contributions included in 1 g lines 1a-1f. h Total. Add lines 1a-1f 3,860,886 Business Code Program Service Revenue b **f** All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) <u>2,</u>708 2,708. Income from investment of tax-exempt bond proceeds... Royalties.... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c 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 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events $\boldsymbol{9}\,\boldsymbol{a}\,$ Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... 10 a Gross sales of inventory, less..... returns and allowances 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous l1a O<u>THER REVENUE</u> 900099 1,921 1,921 Revenue d All other revenue. e Total. Add lines 11a-11d. 921

3,865,

921

68-0526185

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,374,962.	1,374,962.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	221,183.	109,470.	104,434.	7,279.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,604,193.	1,575,947.	8,996.	19,250.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,085.	7,966.	22.	97.
9	Other employee benefits	179,412.	176,465.	1,093.	1,854.
10	Payroll taxes	•			
	Fees for services (nonemployees):	158,133.	146,642.	9,175.	2,316.
	a Management				
	_				
	Legal	17 700		17.700	
	Accounting	17,700.		17,700.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
y	(A) amount, list line 11g expenses on Schedule 0.)	303,849.	258,846.	34,965.	10,038.
12	Advertising and promotion	12,022.	6,339.	1,137.	4,546.
13	Office expenses	47,614.	23,846.	19,014.	4,754.
14	Information technology				
15	Royalties				
16	Occupancy	15,183.		15,183.	
17	Travel	54,065.	49,682.	3,506.	877.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,112.		4,112.	
20	Interest	·		·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,006.	6,485.	521.	
	Insurance	8,847.	7,774.	859.	214.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	EQUIPMENT EXPENSES	36,622.	18,378.	18,244.	
	BANK AND PAYROLL FEES	17,422.	10,570.	17,422.	
	DUES AND SUBSCRIPTIONS	8,134.	3,588.	3,637.	909.
		0,104.	3,300.	3,037.	505.
•	All other expenses.				
	Total functional expenses. Add lines 1 through 24e	4,078,544.	3,766,390.	260,020.	52,134.
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).		·		·

Balance Sheet

68-0526185

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Part X **(B)** End of year (A) Beginning of year 1 201,488 373,192. Savings and temporary cash investments..... 2 507,775. 1,155,592 Pledges and grants receivable, net..... 3 3 756,007 1,087,060. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 8,751. 18,991 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 76,477 **b** Less: accumulated depreciation..... 10 b 24,571 10 c 26,766. Investments — publicly traded securities..... 11 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 Intangible assets..... 15 Other assets. See Part IV, line 11.... 15,055 14,042. 15 2,171,704. 16 2,017,586. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 17 Accounts payable and accrued expenses..... 153,478 17 215,581 18 Grants payable 18 19 2,179.19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 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 3,557 25 2,535. **Total liabilities.** Add lines 17 through 25..... 159,214 26 218,116. Organizations that follow FASB ASC 958, check here ▶ **Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,212,83827 27 1,222,050. Net assets with donor restrictions..... 799,652 577,420. Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. ö Capital stock or trust principal, or current funds..... 29 Paid-in or capital surplus, or land, building, or equipment fund..... 30 Retained earnings, endowment, accumulated income, or other funds...... 31 31 32 2,012,490 32 1,799,470. Total liabilities and net assets/fund balances..... 33 2,171,704. 33 2,017,586.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,8	65,5	515.
2	Total expenses (must equal Part IX, column (A), line 25)	2			544.
3	Revenue less expenses. Subtract line 2 from line 1	3)29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			190.
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			
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9			9.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,7	99,4	170.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. \square
	· · · · · · · · · · · · · · · · · · ·			Yes	_—
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis				
l	b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	te			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X	
!	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	Х	
BAA	TEEA0112L 01/21/20		Form	990	(2019)

** PUBLIC DISCLOSURE COPY **

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

2019

Open to Public Inspection

lame o	f the	e organization					Employer identific	cation number		
YOL) C	COUNTY CHILDRENS AI					68-052618			
Part		Reason for Public Cha						ctions.		
The o	rga	nization is not a private found	`	3 ,		,	,			
1		A church, convention of church					(i).			
2		A school described in section 1		•		•				
3		A hospital or a cooperative h	,				• • •			
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's		
		name, city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	(A)(v).			
7	Χ	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general pu	ublic described		
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9	Ī	An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant coll	ege		
	ш	or university or a non-land-gran								
		university:								
10		An organization that normally r from activities related to its c investment income and unre June 30, 1975. See section 5	exempt functions—sub lated business taxable	oject to certain exception in the community of the commun	ns. and	(2) no i	more than 33-1/3% of	its support from gross		
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).			
12		An organization organized ar or more publicly supported o	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a)(2). See section 509 (a	a)(3). Check the box in		
_		lines 12a through 12d that de								
а		Type I. A supporting organization organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	a, or controlled by its sup a majority of the directo	rs or trus	tees of t	the supporting organizat	ion. You must		
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). You		
С		Type III functionally integrated organization(s) (see instructi	. A supporting organizat ons). You must com	ion operated in connection	n with, ai	nd function	onally integrated with, its	supported		
d		Type III non-functionally integrated. The constructions). You must com	organization generally	must satisfy a distribu	nnection tion req	with its s uiremen	supported organization(s t and an attentiveness	s) that is not s requirement (see		
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	s a Type I, Type II, Typ	oe III functionally		
f	En	iter the number of supported	organizations		 					
g	Pr	ovide the following information	n about the supported	d organization(s).						
(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Vac	No				
					Yes	No				
A)										
B)										
•										
C)										
D)										
,										
E)										
Γotal										

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,693,193.	3,587,163.	3,192,664.	4,165,187.	3,860,886.	16,499,093.
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)	1,693,193.	3,587,163.	3,192,664.	4,165,187.	3,860,886.	16,499,093. 174,556.
6	Public support. Subtract line 5 from line 4						16,324,537.
Sec	tion B. Total Support						1 20/02 1/00
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018 (e) 2019		(f) Total
7	Amounts from line 4	1,693,193.	3,587,163.	3,192,664.	4,165,187.	3,860,886.	16,499,093.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	359.	268.	1,367.	5,262.	2,708.	9,964.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	3,600.	4,800.	7,170.	9,527.	2,7001	25,097.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	,	,	,		1,921.	1,921.
	Total support. Add lines 7 through 10						16,536,075.
12	Gross receipts from related activ	vities, 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	tax year as a section	on 501(c)(3)	
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	44 1 (0)			
	Public support percentage for 20 Public support percentage from 3						98.72 % 99.27 %
	33-1/3% support test—2019. If t and stop here. The organization	he organization di	id not check the b	oox on line 13. an	d line 14 is 33-1/3	 3% or more, chec	k this box
b	33-1/3% support test—2018. If the and stop here. The organization	ie organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re. Explain in Par	t VI how
	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 ted organization.	t VI how the

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Part III 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		product comprete .	art my					
	lar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2010	(5) 2515	(4) =	(4) 2515	(6) 2013	() 10(0)		
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								
8	Public support. (Subtract line 7c from line 6.)								
	tion B. Total Support		1 1		T				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.								
	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.								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 organization, check this box and								
Sec	tion C. Computation of Pul	blic Support F	Percentage						
	Public support percentage for 20	•			•		%		
	Public support percentage from 2				<u></u>	16	%		
Sec	tion D. Computation of Inv								
17		•	• • •	-			90		
18	Investment income percentage f	rom 2018 Schedu	ile A, Part III, line	17		18	%		
19a	33-1/3% support tests—2019. If t is not more than 33-1/3%, check	the organization of this box and sto	did not check the b p here. The organ	ox on line 14, ar ization qualifies	nd line 15 is more as a publicly supp	than 33-1/3%, and orted organization	I line 17 ▶ □		
	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
За	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
b	and (c) below. 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.	3a 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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' 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		

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations	110		L
<u> </u>	Stron B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
٠				
	The organization satisfied the Activities Test. Complete line 2 below.			
	 b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in 	nstruc	tions)	
		101140		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	2a		
	substantially all of its activities.	∠a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the	OL.		
	organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No	ov. 20. 1970 (explain in	n Part VI). See 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 short tax year or assets held for part of year):			
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 inte	egrated	Type III supporting or	ganization

(see instructions). BAA

Schedule A (Form 990 or 990-EZ) 2019

Pai	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 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

** PUBLIC DISCLOSURE COPY **

Schedule A (Form 990 or 990-EZ) 2019

YOLO COUNTY CHILDRENS ALLIANCE

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 VI

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE			2019	 2018	 2017	_	2016	 2015
OTHER REVENUE	TOTAL	\$ \$	1,921. 1,921.	\$ 0.	\$ 0.	\$	0.	\$ 0.

** PUBLIC DISCLOSURE COPY **

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

Open to Public Inspection
Employer identification number

	YOLO COUNTY CHILDRENS ALLIA	NCF.		68-0526185
Pa	rt Organizations Maintaining Dono		r Similar Funds or Ac	
ı a	Complete if the organization ansv	vered 'Yes' on Form 990,	Part IV, line 6.	
		(a) Donor advised fu	ınds (b)	unds and other accounts
1	Total number at end of year		(4)	
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 don are the organization's property, subject to the	or advisors in writing that the a organization's exclusive legal c	assets held in donor advised ontrol?	f funds
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor.	or for any other purpose co	nferring
_				les lino
Pa	rt II Conservation Easements. Complete if the organization answ	vered 'Ves' on Form 990	Part IV/ line 7	
1	Purpose(s) of conservation easements held by			
٠	Preservation of land for public use (for examp		Preservation of a history	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation contri	ibution in the form of a conse	rvation easement on the
	last day of the tax your.			Held at the End of the Tax Year
	a Total number of conservation easements			
	b Total acreage restricted by conservation easer	nents	2b	
	c Number of conservation easements on a certif			
	d Number of conservation easements included in	n (c) acquired after 7/25/06, and	d not on a historic	
	structure listed in the National Register		2d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, o	r terminated by the organizati	on during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring ts it holds?	, inspection, handling of vic	lations, Yes No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations,	and enforcing conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and	enforcing conservation easem	nents during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	uirements of section 170(h)	(4)(B)(i)
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote to	orts conservation easements in	its revenue and expense s	tatement and balance sheet, and
	conservation easements.	allana a CANA III a la l		
Pa	Organizations Maintaining Collectory Complete if the organization answ	vered 'Yes' on Form 990,	Part IV, line 8.	niiar Assets.
1	a If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financial	d for public exhibition, education	on, or research in furtherand	d balance sheet works of art, ce of public service, provide in
	b If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r public exhibition, education, or r	research in furtherance of pub	olic service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, h amounts required to be reported under FASB A	istorical treasures, or other simila ASC 958 relating to these items	r assets for financial gain, pro	ovide the following
	a Revenue included on Form 990, Part VIII, line	1		▶\$
	b Assets included in Form 990, Part X			▶\$

Part III Organizations Mainta	ining Coll	ections o	i Art, HISTO	ricai i reasures,	or Utr	ier Similar Ass	ers (C	บทเทน	iea)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	and other red	cords, check ar	ny of the following that	at make s	significant use of its	collectio	n	
a Public exhibition			d Loan o	or exchange program	n				
b Scholarly research			e Other						
c Preservation for future gene	rations		- П - и и и						
4 Provide a description of the organization		tions and ex	plain how they	further the organization	ion's exe	mpt purpose in			
Part XIII.				· ·					
5 During the year, did the organizato be sold to raise funds rather t	han to be ma	aintained as	s part of the or	rganization's collecti	ion?		Yes		No
Escrow and Custodia line 9, or reported an	al Arranger amount or	nents. Co n Form 99	omplete if the sound of the sou	he organization a line 21.	answei	red 'Yes' on For	m 99	J, Par	t IV,
1 a Is the organization an agent, tru	stee, custodia	an or other	intermediary	for contributions or c	other as:	sets not included	¬v	Г	¬
on Form 990, Part X? b If 'Yes,' explain the arrangemen							Yes		No
b ii fes, explain the arrangement	l III Parl Aiii	and comple	ete trie ioliowii	ng table.	Г		Amoun		
c Beginning balance					-		AIIIOUII		
d Additions during the year					<u> </u>	1 c 1 d			
e Distributions during the year									
f Ending balance					_	1 e			
2a Did the organization include an a						= =	Yes		No
b If 'Yes,' explain the arrangement								<u> </u>	No
b ii res, explain the arrangemen	t III Fait Aiii.	CHECK HEI	e ii tile explait	iation has been provi	nueu on	rait XIII		L	
Part V Endowment Funds.	`omolete if	the orga	nization an	swarad 'Yas' on	Form (990 Part IV lin	10 م		
Lildowillelit Fullus.	(a) Curren		(b) Prior year			(d) Three years back		our year	s hark
1 a Beginning of year balance		it your	(b) I Hor year	(c) Two years b	back	(a) Three years back	(0)	our your	3 Dack
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities									
and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	e of the curre	ent year en	d balance (lin	e 1g, column (a)) he	eld as:				
a Board designated or quasi-endown	nent ►		%						
b Permanent endowment ►	9	6	 ,						
c Term endowment ►	%								
The percentages on lines 2a, 2b, a	nd 2c should	equal 100%.							
3 a Are there endowment funds not in	the neccession	n of the orac	nization that a	uro hold and administo	arad for t	ho			
organization by:	tile possessioi	ii oi tile oige	anization that a	ire rieid arid admiriiste	sieu ioi ti	ii C	ſ	Yes	No
(i) Unrelated organizations							3a(i)		
(ii) Related organizations							3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	ated organiza	ations listed	as required of	on Schedule R?			3b		
4 Describe in Part XIII the intende	d uses of the	organizatio	on's endowme	ent funds.					
Part VI Land, Buildings, and	Equipmen	ıt.							
Complete if the organ	ization ans	swered 'Y	es' on Forn	n 990, Part IV, li	ine 11a	a. See Form 990), Par	t X, lii	ne 10.
Description of property			r other basis stment)	(b) Cost or other basis (other)	(0	Accumulated depreciation	(d) [Book va	alue
1 a Land		1	,	()					
b Buildings									
c Leasehold improvements									
d Equipment				53,114	1.	36,565.		16	,549.
e Other				23,363		13,146.			, 217.
Total. Add lines 1a through 1e. (Colum			990. Part X o						,766.
RΔΔ	(a) mast e	944417 01111	550, r art 77, C	, o. a. i i i i i i i i i i i i i i i i i i	·/· · · · · · ·	Schedu	ıla D (E		

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Schedule D (Form 990) 2019

68-0526185

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶			
Part VIII Investments — Program Related. Complete if the organization answered	L'Voc' on Form 000	N/A	00 Dort V line 12
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)	(b) Book Value	(c) Method of Valuation. Cost of Cha	or year market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	N/A		
Part IX Other Assets. Complete if the organization answered	I 'Yes' on Form 990), Part IV, line 11d. See Form 9	90, Part X, line 15.
Complete if the organization answered (a) De	l 'Yes' on Form 990 scription), Part IV, line 11d. See Form 9	90, Part X, line 15. (b) Book value
Complete if the organization answered (a) De	l 'Yes' on Form 990), Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2)	l 'Yes' on Form 990), Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3)	l 'Yes' on Form 990), Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2)	l 'Yes' on Form 990), Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4)	l 'Yes' on Form 990), Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	l 'Yes' on Form 990), Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	l 'Yes' on Form 990), Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	l 'Yes' on Form 990), Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	l 'Yes' on Form 990 scription		
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	l 'Yes' on Form 990 scription		
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	l 'Yes' on Form 990 scription		(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor of the organization answered 'Yes' or Factor of the organization and the organization an	l 'Yes' on Form 990 scription		(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Figure 1. (a) Description of the complete income taxes	B) line 15.)		(b) Book value (b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (1) Federal income taxes (2) DEPOSITS HELD AS FISCAL AGENT	B) line 15.)		(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (b) Federal income taxes (2) DEPOSITS HELD AS FISCAL AGENT (3)	B) line 15.)		(b) Book value (b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) DEPOSITS HELD AS FISCAL AGENT (3) (4)	B) line 15.)		(b) Book value (b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (b) Federal income taxes (2) DEPOSITS HELD AS FISCAL AGENT (3)	B) line 15.)		(b) Book value (b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (column (b) Part X) (1) Federal income taxes (2) DEPOSITS HELD AS FISCAL AGENT (3) (4) (5) (6) (7)	B) line 15.)		(b) Book value (b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) DEPOSITS HELD AS FISCAL AGENT (3) (4) (5) (6) (7) (8)	B) line 15.)		(b) Book value (b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) DEPOSITS HELD AS FISCAL AGENT (3) (4) (5) (6) (7) (8) (9)	B) line 15.)		(b) Book value (b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) DEPOSITS HELD AS FISCAL AGENT (3) (4) (5) (6) (7) (8) (9) (10)	B) line 15.)		(b) Book value (b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) DEPOSITS HELD AS FISCAL AGENT (3) (4) (5) (6) (7) (8) (9) (10) (11)	B) line 15.)	le or 11f. See Form 990, Part X, line 25	(b) Book value (b) Book value 2,535.
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) DEPOSITS HELD AS FISCAL AGENT (3) (4) (5) (6) (7) (8) (9) (10)	B) line 15.)	Le or 11f. See Form 990, Part X, line 25	(b) Book value (b) Book value 2,535.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements
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.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
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.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
b Donated services and use of facilities 2c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) SEE PART XIII 2d 9. e Add lines 2a through 2d 9. Subtract line 2e from line 1. 3 3,865,515. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,865,515. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
c Recoveries of prior year grants d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
e Add lines 2a through 2d. 2e 100,009. 3 Subtract line 2e from line 1. 3 3,865,515. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b. 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,865,515. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
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3 3,865,515. 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. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b. 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,865,515. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 3,865,515. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
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. 2c
d Other (Describe in Part XIII.)
e Add lines 2a through 2d. 2e 100,000.
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
b Other (Describe in Part XIII.)
c Add lines 4a and 4b. 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5

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 XI, 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 - FASB ASC 740 FOOTNOTE

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.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

CHANGE	IN	BENEFICIAL	INTEREST	\$ 9.
			TOTAL	\$ 9.

BAA Schedule D (Form 990) 2019

** PUBLIC DISCLOSURE COPY **

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

2019

Open to Public Inspection

Name of the	e organization						Employer identifica	tion number
YOLO	COUNTY CHILDRENS ALLIA	ANCE					68-052618	5
Part I			ance					
the	es the organization maintain records e selection criteria used to award th scribe in Part IV the organization's pr	he grants or assistar	ıce?		eligibility for the grants	or assistance, and		Yes X No
	Grants and Other Assistar				ernments. Comple	te if the organization	on answered 'Ye	es' on
1 011 0 11	Form 990, Part IV, line 21,							
-	(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
<u>(1)</u> 								
(2)								
(3)								
(4)								
(5)								
(8)								
	ter total number of section 501(c)(• •	-					0
3 Enf	iter total number of other organizat	tions listed in the line	e 1 table					0

(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
CHILD CARE PROVIDER PAYMENTS	129	1,374,962.			
,					

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

** PUBLIC DISCLOSURE COPY **

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.

► 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 III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES

DURING THE YEAR YCCA DIVIDED THE FAMILY STRENGTHEN NETWORK INTO THREE DISTINCT
PROGROMS: FAMILY STRENGTHENING NETWORK, CALWORKS STAGE ONE CHILD CARE, AND HOUSING.

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

FAMILY STRENGTHEN NETWORK - AN EVIDENCE BASED APPROACH TO ALL OF THE WORK WE DO,
FOCUSED ON BUILDING ON AN INDIVIDUAL'S AND A FAMILY'S STRENGTHS TO ENHANCE OVERALL
POSITIVE OUTCOMES AND REDUCE CHILD ABUSE AND NEGLECT. IT FOCUSES ON BUILDING FIVE
PROTECTIVE FACTORS TO PROMOTE BETTER OUTCOMES: PARENTAL RESILIENCE, SOCIAL
CONNECTIONS, CONCRETE SUPPORTS, KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT, AND
SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN. ALL OF OUR WEST SACRAMENTO FAMILY
RESOURCE CENTER PROGRAMS AND OUR HEALTHY FAMILIES YOLO COUNTY HOME VISITING PROGRAM
FOLLOW THIS APPROACH. IN 2012, OVER 20 YOLO COUNTY AGENCIES AND ORGANIZATIONS
JOINED TOGETHER TO FORM THE YOLO FAMILY STRENGTHENING NETWORK (YFSN) THAT AIMS TO

Name of the organization
YOLO COUNTY CHILDRENS ALLIANCE

Employer identification number
68-0526185

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

YOLO COUNTY CHILDREN'S ALLIANCE IS THE BACKBONE ORGANIZATION TO THE YFSN WHICH HAS BEEN LEADING THE COLLABORATIVE PROCESS TO INTEGRATE THE PROTECTIVE FACTORS FRAMEWORK INTO YOLO COUNTY SERVICE SYSTEMS COUNTYWIDE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HOUSING - YCCA PROVIDES SUPPORTIVE SERVICES TO FAMILIES AND INDIVIDUALS WHO FIND THEMSELVES "HOUSING INSECURE". OUR CASE MANAGEMENT SERVICES INCLUDE ASSISTANCE LOCATING AFFORDABLE HOUSING, BUILDING RELATIONSHIPS WITH LANDLORDS, BUILDING OVERALL FINANCIAL SECURITY, AND DIRECT ASSISTANCE WITH APPLICATION FEES, DEPOSITS, AND PAY-OR-QUIT NOTICES. ADDITIONALLY, YCCA IS THE DESIGNATED ON-SITE CASE MANAGEMENT PROVIDER FOR THE GOVERNOR'S PROJECT ROOMKEY INITIATIVE IN THE CITY OF WEST SACRAMENTO. WE PROVIDE ON-SITE, SUPPORTIVE HOUSING SERVICE AND CASE MANAGEMENT OLDER AND MEDICALLY FRAGILE INDIVIDUALS WHO WERE FACING HOMELESSNESS WHEN COVID-19 HIT. IN 2020, WE SERVED 275 INDIVIDUALS WITH MORE THAN 30 HAVING EXITED TO PERMANENT HOUSING.

COMMUNITY HEALTH INITIATIVE - THE GOAL OF THIS PROGRAM IS TO ENSURE THAT EVERY YOLO COUNTY RESIDENT IS ENROLLED IN HEALTH INSURANCE, UNDERSTANDS THEIR BENEFITS, AND IS KNOWLEDGEABLE ABOUT AND COMFORTABLE WITH ACCESSING HEALTH SERVICES. ADDITIONALLY, WE AIM TO ENSURE THAT ANY RESIDENT ELIGIBLE FOR CALFRESH NUTRITION ASSISTANCE BENEFITS IS ENROLLED AND RECEIVING MONTHLY SUPPORT TO PURCHASE NUTRITIOUS FOOD.

FURTHERMORE, IN 2020 OUR WEEKLY PRODUCE DISTRIBUTION PROVIDED CLOSE TO 10,000 BOXES OF FRESH PRODUCE TO OVER 1,000 UNDUPLICATED 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

Name of the organization
YOLO COUNTY CHILDRENS ALLIANCE

Employer identification number
68-0526185

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

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.

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.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN BENEFICIAL INTEREST. \$ 9.

TOTAL \$ 9.