Form **990** 

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

$\overline{A}$	Fort	the 2021 calen	dar year, or tax year begin	ning 7/0	1 .20	21, and ending	1 6/3	3.0		<b>20</b> 2022	
		if applicable:	C	<b>g</b> 770		zi, ana onam	0/5			fication number	
_				DDENC AT	TTANCE						
		Address change	YOLO COUNTY CHILE 600 A STREET Y	DKENS AL	LIANCE		-	E Telepho	0526		
		lame change	DAVIS, CA 95616								
	-	nitial return	D11V10, 011 33010				-	530	- /5/-	-5558	
	F	inal return/terminated								_	
		Amended return						<b>G</b> Gross re		-,,	- 1
		Application pending	F Name and address of principal	officer: FRA	NCISCO CASTIL	LO	H(a) Is this a			— i • 3 —	Nο
			SAME AS C ABOVE				H(b) Are all s If "No,"	subordinates attach a list.	included See ins	I? Yes tructions.	No
	Tax	-exempt status:	X 501(c)(3) 501(c) (	) <b>∢</b> (in	sert no.) 4947(a)(1	or 527					
J	We	ebsite: ► WW	W.YOLOKIDS.ORG			I	H(c) Group e	exemption nu	ımber 🕨		
K	For	m of organization:	X Corporation Trust	Association	Other ►	L Year of formation	n: 2002	2 M s	tate of le	egal domicile: CA	
Pa	art I	Summar									
	1	Briefly descri	be the organization's missi	on or most s	ignificant activities:រូ	ORK TOGET	HER TO	) IMPR	YE '	THE LIVES OF	₹
ģ		CHILDREN	I <u>, YOUTH, AND FAM</u>	ILIES IN	OUR COMMUNIT	<u>IES</u> _					
Governance											
E.											
Š	2	Check this bo			ed its operations or o				- 1	sets.	_
	3		oting members of the gover dependent voting members						3 4		5
es	5		of individuals employed in						5		5 77
₹	6		of volunteers (estimate if						6		44
Activities &	7a		ed business revenue from F						7a		0.
			d business taxable income						7b		0.
								rior Year		Current Year	
	8	Contributions	and grants (Part VIII, line	1h)			4	,515,7	06.	5,557,82	27.
Revenue	9		vice revenue (Part VIII, line					,, -		.,	
ě.	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4,	, and 7d)			3,1	72.	1,86	<del>52.</del>
æ	11		e (Part VIII, column (A), Iir		•						
	12		e - add lines 8 through 11					,518,8		5,559,68	39.
	13		imilar amounts paid (Part I	-	•			,281,4	75.	1,379,91	16.
	14	Benefits paid	I to or for members (Part I)	K, column (A	), line 4)						
'n	15	Salaries, other	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					,458,7	32.	3,239,17	78.
)Se:	16 a	Professional fundraising fees (Part IX, column (A), line 11e)									
Expenses	Ŀ	Total fundrais	sing expenses (Part IX, col	umn (D), line	e 25) ▶	144,454.					
ŭ	17		ses (Part IX, column (A), lir					701,6	31	843,95	 50
	18		es. Add lines 13-17 (must e		•			,441,8		5,463,04	
	19		s expenses. Subtract line 1					77,0		96,64	
- «							+	g of Curren		End of Year	15.
ets c	20	Total assets	(Part X, line 16)					,066,5		2,281,24	43.
Ass	21		es (Part X, line 26)					186,6		306,60	
Net Assets or Fund Balances	22	Net assets or	fund balances. Subtract li	ne 21 from li	ne 20		1	,879,9		1,974,63	
	art II	Signatur		110 21 11011111	110 20			,015,5	55.	1, 3/4, 0	<del>50.</del>
		_		ırn including acc	ompanying schedules and s	tatements, and to the	ne heet of my	, knowledge	and helic	of it is true correct and	4
com	plete. [	Declaration of prepa	eclare that I have examined this retu arer (other than officer) is based on a	all information of	which preparer has any known	wledge.	ie best of filly	y Kilowieuge	and bene	er, it is true, correct, and	
Sig	nr	Signatu	ire of officer				Dat	ie			
He	re	LOR:	I HAWKINS				TREAS	URER			
			print name and title				11(111)	ОТСЕТ			
		Print/Type p	preparer's name	Preparer's sign	ature	Date		Check	if	PTIN	
Pa	iд	JAMES H	I. FRITZSCHE, CPA					self-employe	_	P00423351	
Pr	ıu epar		·	TATES		1			1.		
Us	e Oi	nly Firm's addre	THEFE THE THEFT					Firm's FIN	<b>&gt;</b> 320	343346	
		, and addition								122-2111	
Ma	v the	IRS discuss th	nis return with the preparer		e? See instructions				9±0-4		No
	,										-

			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? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in 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.			
á	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	Χ	
ŀ	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
(	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 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	
ŀ	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		X
ŀ	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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
<b>20</b> a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

ı uı	officialist of required defications (continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Χ
ı	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 8	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		- 55	
ı	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	

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..... X **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 Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... X 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). 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?.... X 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . . . 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... 11 a **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . . | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand ...... 13 c Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 14a **b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 excess parachute payment(s) during the year?..... If 'Yes,' see the instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?...... 16 If 'Yes.' complete Form 4720. Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?...... If 'Yes,' complete Form 6069.

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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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. . O. . . . . . 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on 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 > 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 DIRECTOR 500 JEFFERSON BLVD WEST SACRAMENTO CA 95605 530-757-5558

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Form 990 (2021)

## 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 the organization	(E) Reportable compensation from related organizations	<b>(F)</b> 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/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) JENEBA LAHAI	40									
EXECUTIVE DIR.	0			Χ				95,427.	0.	10,078.
(2) PATRICIA STYC FINANCE DIR.	<u> 40</u> _			Х				80,754.	0.	8,626.
(3) FRANCISCO CASTILLO	3							, ,		
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) KAYLA RODRIGUEZ	11									
DIRECTOR	0	Χ						0.	0.	0.
(7) ANGELIKA CORCHADO	1									
DIRECTOR	0	Χ						0.	0.	0.
(9)										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										
			ш							

TEEA0107L 09/22/21

Form 990 (2021) YOLO COUNTY CHILDRENS A	LLIANC	E	_						68-052618	
Part VII   Section A. Officers, Directors, Tru	ıstees, I	Key	Em	iplo (C		es, a	anc	d Highest Com	pensated Emp	loyees (continued)
(A) Name and title	Average hours per	offic	, unle cer ar	Pos theck ss pe	sition more erson directo	than is both or/trus	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-	<b>(F)</b> Estimated amount of other
	(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/1099-NEC)	(W-271099- MISC/1099-NEC)	compensation from the organization and related organizations
<u>(15)</u>										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
b Subtotal     c Total from continuation sheets to Part VII, Section     d Total (add lines 1b and 1c).	on A						<b>&gt;</b> <b>&gt;</b>	176,181. 0. 176,181.	0. 0.	18,704. 0. 18,704.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	pensation
Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste <i>h individu</i>	e, ke <i>ial</i>	ey er	mplo	oyee	e, or	high	nest compensated	employee	Yes No
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00'?	If 'Y	es,'	com	ple	te Schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or accrument for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fro	om : lule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	individual	. 5 X
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated inde	epen	dent	cor	ntrac	ctors	tha	t received more the	nan \$100,000 of	
(A) Name and business addi		uic c	alcin	uui .	your	Cridii	ig r	(B) Description of		(C) Compensation
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o tha	se I	istec	l abo	ve) v	who received more	than	
	U									

Гаг	( VI	Check if Schedule O contain		oonse or note to an	v line in this Part V	11L		П
		SHOOK II GOILGGIG G GOILGII	10 0 100	sonisci di Noto to di	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1 a	Federated campaigns	. 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues						
S, G	С	Fundraising events						
뺽	d	Related organizations						
Si,	e	Government grants (contributions) All other contributions, gifts, grants, ar		4,533,148.				
er Ei		similar amounts not included above		1,024,679.				
ē Ē	g	Noncash contributions included in						
on but	h	Total. Add lines 1a-1f		<b>&gt;</b>	E EE7 027			
	- "	Total. Add lines 1a-11		Business Code	5,557,827.			
Program Service Revenue	2 a							
æ	b							
<u>:</u>	С							
Şe.	d							
E	е							
b		All other program service reve						
<u>ā</u>	_	Total. Add lines 2a-2f						
	3	Investment income (including divother similar amounts)	idends, i	nterest, and	1,862.			1,862.
	4	Income from investment of tax			1,002.			1,002.
	5	Royalties		·				
			) Real	(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)	ecurities	(ii) Other				
	7 a	Gross amount from	ecurities	(ii) Other				
	١.	other than inventory Less: cost or other basis						
	b	and sales expenses <b>7b</b>						
	С	Gain or (loss) 7c						
	d	Net gain or (loss)						
<u>o</u>	8 a	Gross income from fundraising events						
2		(not including \$						
ě		of contributions reported on line 1c).						
7	h	See Part IV, line 18 Less: direct expenses	8	a b				
Other Revenue		Net income or (loss) from fund		-				
J		Gross income from gaming activities. See Part IV, line 19	9					
	h	Less: direct expenses		b				
		Net income or (loss) from gam						
		Gross sales of inventory, less	Ĺ					
		returns and allowances	10	a				
		Less: cost of goods sold		b				
	С	Net income or (loss) from sale	s of inve					
STIC	11 ~			Business Code				
Miscellaneous Revenue	11a b c d							
Med	,							
SCE	d	All other revenue						
Σ		Total. Add lines 11a-11d		<b>&gt;</b>				
		Total revenue. See instruction			5,559,689.	0.	0.	1,862.

## Part IX | Statement of Functional Expenses

|--|

sec	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re		-	, , ,	
Do 6b,	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	1,379,916.	1,379,916.		
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	194,885.	77,516.	97,880.	19,489.
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	2,555,913.	2,384,371.	121,979.	49,563.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	,			
	èmployer contributions)	14,160.	13,214.	677.	269.
9	Other employee benefits	255,672.	238,599.	12,214.	4,859.
10	Payroll taxes	218,548.	196,341.	16,840.	5,367.
	Fees for services (nonemployees):				
	Management				
	Legal	00.074		00.054	
	Accounting	29,974.		29,974.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	(A), amount, list line 11g expenses on Schedule O.)	74,499.	13,625.	60,874.	
12	Advertising and promotion	111,979.	51,706.	9,490.	50,783.
13	Office expenses	83,570.	32,216.	50,950.	404.
14	Information technology				
15	Royalties				
16	Occupancy	16,107.		16,107.	
17	Travel	42,178.	36,572.	5,606.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,429.	629.	9,084.	716.
20	Interest				•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,016.	5,404.	464.	148.
23	Insurance	11,979.	1,115.	10,864.	
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.)				
ä	PROGRAM EXPENSES	250,741.	231,186.	7,055.	12,500.
	TELEPHONE	93,380.	81,380.	12,000.	
(	EQUIPMENT_EXPENSES	34,439.	23,290.	11,149.	
	STAFF DEVELOPMENT	27,346.	24,309.	3,037.	
	All other expenses	51,313.	22,473.	28,484.	356.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	5,463,044.	4,813,862.	504,728.	144,454.
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)				
ВΔΔ					Form <b>QQ0</b> (2021)

#### Part X Balance Sheet Beginning of year End of year 1 259,832. 491,501 Savings and temporary cash investments..... 2 510,858. 725,926. Pledges and grants receivable, net..... 3 3 1,011,292 1,235,952. 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 31,969. 15,068 **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 10 c 19,760. 13,744. 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.... 18,086 13,820. 15 16 2,066,565. 2,281,243. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 17 Accounts payable and accrued expenses ...... 183,164 17 305,071 18 18 Grants payable ..... 19 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 3,448 25 1,534. **Total liabilities.** Add lines 17 through 25..... 186,612 26 306,605. Organizations that follow FASB ASC 958, check here ► **Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 1,327,797 398,784. Net assets with donor restrictions..... 552,156 575,854. 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 Net Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30 Retained earnings, endowment, accumulated income, or other funds...... 31 31 32 32 1,974,638. 1,879,953 Total liabilities and net assets/fund balances..... 2,281,243. 33 2,066,565. 33

**BAA** TEEA0111L 09/22/21 Form **990** (2021)

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		1		559,6	89.
2	Total expenses (must equal Part IX, column (A), line 25).	2	5,4	163,0	)44.
3	Revenue less expenses. Subtract line 2 from line 1	3		96,6	45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,8	379,9	53.
5	Net unrealized gains (losses) on investments	5			
6		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		-1,9	60.
10		10	1.0	974,6	38.
Pa	rt XII   Financial Statements and Reporting	!!-		, .	
	Check if Schedule O contains a response or note to any line in this Part XII				
	officer in confedure of contains a response of flote to drift into in this in are with the contains a response of flote to drift into in this in are with the contains a response of flote to drift into in this in are with the contains a response of flote to drift into in this in are with the contains a response of flote to drift into in this in this in the contains a response of flote to drift into in this in this in the contains a response of flote to drift into in this in this in the contains a conta			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	110
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	X	Ì
	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	ate			
	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?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	<b>a</b> 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?		За	Х	ļ
	<b>b</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		3b	Х	İ
DΛ	TEEA0112L 09/22/21		Forn	o aan /	2021

#### SCHEDULE A (Form 990)

**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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number YOLO COUNTY CHILDRENS ALLIANCE 68-0526185 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Page 2

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

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

Sec	Section A. Public Support										
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,192,664.	4,165,187.	3,860,886.	4,515,706.	5,557,827.	21,292,270.				
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.				
	<b>Total.</b> 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)	3,192,664.	4,165,187.	3,860,886.	4,515,706.	5,557,827.	21,292,270.				
6	Public support. Subtract line 5 from line 4						20,678,355.				
Sec	tion B. Total Support						.,				
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	<b>(f)</b> Total				
7	Amounts from line 4	3,192,664.	4,165,187.	3,860,886.	4,515,706.	5,557,827.	21,292,270.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,367.	5,262.	2,708.	3,172.	1,862.	14,371.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	7,170.	9,527.	2, 1001	3,2.2	2,0021	16,697.				
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						21,325,259.				
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	231,474.				
	<b>First 5 years.</b> If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	<b>&gt;</b>				
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						96.97 % 98.26 %				
	<b>33-1/3% support test—2021.</b> If t and <b>stop here.</b> 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—2020. 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	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this I	box and <b>stop here</b>	e. Explain in Part	VI how				
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a d-circumstances to	nd-circumstances est. The organizat	test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part ed organization	VI how the ►				

Schedule A (Form 990) 2021

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.)

_	ialis to qualify under the te	sis listed below,	please complete i	art II.)				
Sec	tion A. Public Support							
	ar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 202	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose							
	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							
	<b>Total.</b> 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.							
c	Add lines 7a and 7b							
	<b>Public support.</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				1			
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 202	1	(f) Total
	Amounts from line 6	(4) 20 17	(3) 2010	(0) =0.0	(4) 2020	(0) = 0 =		(.)
	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 on 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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
	<b>First 5 years.</b> If the Form 990 is a organization, check this box and	stop here		third, fourth, or t	fifth tax year as a	section 501	(c)(3)	▶□
Sec	tion C. Computation of Pul	olic Support P	Percentage				_	
15	Public support percentage for 20	21 (line 8, colum	n (f), divided by li	ne 13, column (f	))		15	%
	Public support percentage from 2	•				l.	16	ું જ
	tion D. Computation of Inv					•	-	
	Investment income percentage for				umn (f))		17	%
	Investment income percentage fi						18	%
	<b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check	he organization of	did not check the b	oox on line 14, a	nd line 15 is more	than 33-1/3	%, and I	line 17
b	<b>33-1/3% support tests—2020.</b> If t line 18 is not more than 33-1/3%	he organization o	lid not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more th	an 33-1/	3%, and
	<b>Private foundation.</b> If the organization							

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was	•		
3a	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 lines 3b	2		
	and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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 lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI,</b> 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?	5с		
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? If 'Yes,' provide detail in <b>Part VI</b> .	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined on 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 <b>Part VI</b> .	9с		
l0a	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 line 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		

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Paı	t IV	Supporting Organizations (continued)			
11	Has t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
ŀ	A fan	nily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion I	B. Type I Supporting Organizations			
1	or mo office organ than	the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's errs, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		Yes	No
2	Did the that of the benear	the tax year. The organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Yes	No
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ the o	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
•		The organization satisfied the Activities Test. Complete line 2 below.			
	吕	The organization is the parent of each of its supported organizations. Complete line 3 below.			
_	吕	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
ŀ	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities	a		
	but fo	or the organization's involvement.	2b		
		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
á	Did the each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
ŀ		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> . 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):			
ā	Average monthly value of securities	1a		
I	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 0.015 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 0.035.	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 0.85 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	<b>Distributable Amount.</b> 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 (see instructions).	grated	Type III supporting or	ganization

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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	Section D — Distributions							
1	Amounts paid to supported organizations to accomplish exempt purposes	1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.	6						
7	Total annual distributions. Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8						
9	Distributable amount for 2021 from Section C, line 6	9						
10	Line 8 amount divided by line 9 amount	10						

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

YOLO COUNTY CHILDRENS ALLIANCE

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Part VI Sui

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

### **PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE		2021		202	20	 2019	201		 2017
OTHER REVENUE						\$ 1,921.			
	TOTAL	\$	0.	\$	0.	\$ 1,921.	\$	0.	\$ 0.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

YOLO COUNTY CHILDRENS ALLIANCE

				68-052618	5
Par	t   Organizations Maintaining Donor	Advised Funds or Other	Similar Fur	nds or Accounts.	
	Complete if the organization answ	<u>/ered 'Yes' on Form 990, P</u>	Part IV, line	6.	
		(a) Donor advised fund	ds	(b) Funds and other	accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donors are the organization's property, subject to the organization				s No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit	of the donor or donor advisor, or	for any other	purpose conferring	— - □ No
	impermissible private benefit?			Tes	S No
Par		varad 'Vas' on Form 000 F	Oort IV/ line	7	
	Complete if the organization answ			1.	
1			<u>···</u> ··	ion of a historically importan	t land area
	Preservation of land for public use (for examp	e, recreation or education)		ion of a historically importan ion of a certified historic stru	
	Preservation of open space		Freservati	ion of a certified historic stru	icture
2	Complete lines 2a through 2d if the organization he	old a gualified consequation contribu	ition in the for	m of a consequation assembnt	on the
_	last day of the tax year.	sia a qualified conservation contribu		iii oi a conservation easement	on the
	,			Held at the End	of the Tax Year
ä	Total number of conservation easements			2a	
ı	Total acreage restricted by conservation easem	nents		2b	
(	Number of conservation easements on a certifi	ed historic structure included in	(a)	2c	
(	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and r	not on a histo	ric 2 d	
3	Number of conservation easements modified, transtax year ►				
4	Number of states where property subject to conser	vation easement is located >			
5	Does the organization have a written policy reg	garding the periodic monitoring, is	nspection, ha	ndling of violations,	
	and enforcement of the conservation easemen	ts it holds?		Yes	S No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, an	nd enforcing co	nservation easements during t	the year
7	Amount of expenses incurred in monitoring, inspect ►\$	ting, handling of violations, and en	forcing conser	vation easements during the y	ear
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the require	rements of se	ction 170(h)(4)(B)(i)	s No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in it to the organization's financial stat	es revenue and ements that o	d expense statement and badescribes the organization's	alance sheet, and accounting for
Par	Complete if the organization answ	tions of Art, Historical Trevered 'Yes' on Form 990, F	easures, or Part IV, line	Other Similar Assets. 8.	
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education.	. or research i	tatement and balance sheet in furtherance of public servi	works of art, ice, provide in
ı	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	FASB ASC 958, to report in its r public exhibition, education, or res	evenue stater search in furthe	ment and balance sheet wor erance of public service, providen	ks of art, de the
	(i) Revenue included on Form 990, Part VIII, I	ine 1		▶\$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, hi amounts required to be reported under FASB A	storical treasures, or other similar a	assets for finar	ncial gain, provide the following	9
ä	Revenue included on Form 990, Part VIII, line	1			
ı	Assets included in Form 990, Part X			▶\$	

Part III Organizations Maintaining Col	lections of Art, Histo	orical Treasures, o	r Other Similar Ass	<b>sets</b> (continu	ed)							
<b>3</b> Using the organization's acquisition, accession, items (check all that apply):	and other records, check a	ny of the following that n	nake significant use of its	collection								
a Public exhibition	<b>d</b> Loan	or exchange program										
<b>b</b> Scholarly research	e Other											
c Preservation for future generations												
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?												
line 9, or reported an amount of	ements. Complete if t on Form 990, Part X,	the organization an line 21.	iswered 'Yes' on Fo	orm 990, Pari	t IV,							
1a Is the organization an agent, trustee, custoo on Form 990, Part X?	lian or other intermediary	for contributions or oth	ner assets not included	☐ Yes ☐	No							
<b>b</b> If 'Yes,' explain the arrangement in Part XII												
				Amount								
<b>c</b> Beginning balance			1с									
d Additions during the year			1 d									
e Distributions during the year			1 e									
<b>f</b> Ending balance												
2 a Did the organization include an amount on F	Form 990, Part X, line 21,	for escrow or custodia	I account liability?	Yes	No							
<b>b</b> If 'Yes,' explain the arrangement in Part XII	I. Check here if the explar	nation has been provide	ed on Part XIII									
Part V Endowment Funds. Complete												
(a) Curro	ent year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years	s back							
<b>1 a</b> Beginning of year balance												
<b>b</b> Contributions												
<b>c</b> Net investment earnings, gains,												
and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs												
f Administrative expenses												
<b>g</b> End of year balance												
2 Provide the estimated percentage of the cur	rent year end balance (lir	ne 1g, column (a)) held	as:									
a Board designated or quasi-endowment ▶	%											
<b>b</b> Permanent endowment ▶	%											
c Term endowment ► %												
The percentages on lines 2a, 2b, and 2c should	l equal 100%.											
3 a Are there endowment funds not in the possessi	on of the organization that :	are held and administered	d for the									
organization by:	on or the organization that t	aro nota ana aaministoro.	a 101 tilo	Yes	No							
(i) Unrelated organizations				3a(i)								
(ii) Related organizations				3a(ii)								
<b>b</b> If 'Yes' on line 3a(ii), are the related organize	•			3b								
4 Describe in Part XIII the intended uses of the		ent funds.										
Part VI Land, Buildings, and Equipme												
Complete if the organization ar	iswered 'Yes' on Fori	m 990, Part IV, line	e 11a. See Form 99	90, Part X, Iir	ne 10.							
Description of property	(a) Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	ılue							
<b>1 a</b> Land												
<b>b</b> Buildings												
c Leasehold improvements												
<b>d</b> Equipment		53,114.	47,341.	5,	773.							
<b>e</b> Other		23,363.	15,392.	7,	,971.							
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line 10c.)		13,	744.							
DAA			د حاد ۲	dula D (Earm 000	N 2021							

<b>Part VII</b>	Investments - Other Securities.		N/A	
	Complete if the organization answered			
	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
` '	cial derivatives			
(2) Closel (3) Other	ly held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(l)</u>				
	mn (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VII	Investments – Program Related. Complete if the organization answered	L'Ves' on Form 990	N/A N Part IV line 11c See Form 99	00 Part V line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	(a) Doosilphon of invocation	(a) Book value	(c) meaned or random open or only	or your marrier raids
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(1) 1 15 000 D 1V 1 (D) / 10 )			
Part IX	mn (b) must equal Form 990, Part X, column (B) line 13.) • Other Assets.	N/A		
I di CiX	Complete if the organization answered	l 'Yes' on Form 990	), Part IV, line 11d. See Form 99	
	<b>(a)</b> De	scription		<b>(b)</b> Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	olumn (b) must equal Form 990, Part X, column (	B) line 15 )	<b>&gt;</b>	
Part X	Other Liabilities.			
1 0.1 ( ) (	Complete if the organization answered 'Yes' on F		le or 11f. See Form 990, Part X, line 25.	
1.		iption of liability		(b) Book value
	eral income taxes			1 524
(3)	POSITS HELD AS FISCAL AGENT			1,534.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (h) must squal Form 000 Port V solumn (P) line 25		<b>&gt;</b>	1 52/
i utai. (6010				
2. Liability f	mn (b) must equal Form 990, Part X, column (B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the fo			1,534. iability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statement	•	eturn.	
Complete if the organization answered 'Yes' on Form 990, P			
1 Total revenue, gains, and other support per audited financial statements		1	5,557,729.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.) . SEE PART XIII	2d -1,960.		
e Add lines 2a through 2d.		2 e	-1,960.
3 Subtract line 2e from line 1		3	5,559,689.
<b>4</b> 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>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b.		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	5,559,689.
Part XII Reconciliation of Expenses per Audited Financial Statemer		Return	1.
Complete if the organization answered 'Yes' on Form 990, P	Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	5,463,044.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
a Donated services and use of facilities	2 b	-	
<ul><li>a Donated services and use of facilities</li><li>b Prior year adjustments</li></ul>	2 b 2 c	-	
<ul> <li>a Donated services and use of facilities.</li> <li>b Prior year adjustments.</li> <li>c Other losses.</li> </ul>	2b 2c 2d	2 e	
a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.)	2b 2c 2d	2 e 3	5,463,044.
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d.	2b 2c 2d	-	5,463,044.
<ul> <li>a Donated services and use of facilities.</li> <li>b Prior year adjustments.</li> <li>c Other losses.</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d.</li> <li>3 Subtract line 2e from line 1.</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b.</li> </ul>	2b 2c 2d	-	5,463,044.
<ul> <li>a Donated services and use of facilities.</li> <li>b Prior year adjustments.</li> <li>c Other losses.</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d.</li> <li>3 Subtract line 2e from line 1.</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b.</li> <li>b Other (Describe in Part XIII.)</li> </ul>	2 b 2 c 2 d	-	5,463,044.
a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2b 2c 2d 4a 4b	3 4c	
<ul> <li>a Donated services and use of facilities.</li> <li>b Prior year adjustments.</li> <li>c Other losses.</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d.</li> <li>3 Subtract line 2e from line 1.</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b.</li> <li>b Other (Describe in Part XIII.)</li> </ul>	2b 2c 2d 4a 4b	3	5,463,044. 5,463,044.

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  $\frac{$}{0.0000}$  TOTAL  $\frac{$}{0.0000}$  TOTAL  $\frac{$}{0.0000}$ 

BAA Schedule D (Form 990) 2021

#### 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

2021

Open to Public Inspection

Name of	the organization						Employer identifica	ntion number				
YOLO	COUNTY CHILDRENS ALLIA	68-052618	5									
Part I			ance				•					
th	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.											
Part I	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on											
	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance				
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
2 -	nter total number of section 501(c)(	(3) and government (	rganizations listed	in the line 1 table			<u> </u>	0				
	nter total number of section 501(c)( nter total number of other organizat		-					0				
								U				

7

68-0526185

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance						
1 CHILD CARE PROVIDER PAYMENTS	106	1,379,916.									
2											
3											
4											
_ 5											
6											

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

BAA Schedule I (Form 990) 2021

#### **SCHEDULE 0** (Form 990)

#### 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 Form 990-EZ.

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

YOLO COUNTY CHILDRENS ALLIANCE

Employer identification number 68-0526185

#### FORM 990. PART III. LINE 1 - ORGANIZATION MISSION

WORK TOGETHER TO IMPROVE THE LIVES OF CHILDREN, YOUTH, AND FAMILIES IN OUR 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 4C - PROGRAM SERVICE ACCOMPLISHMENTS

FAMILY STRENGTHEN NETWORK - FAMILY STRENGTHENING IS AN EVIDENCE-BASED APPROACH THAT FOCUSES ON BUILDING ON AN INDIVIDUAL'S AND FAMILY'S STRENGTHS TO ENHANCE OVERALL POSITIVE OUTCOMES AND REDUCE CHILD ABUSE AND NEGLECT. IT IS THE UNDERLYING APPROACH AND PHILOSOPHY OF ALL OUR WORK. THE WORK FOCUSES ON BUILDING FIVE PROTECTIVE FACTORS: PARENTAL RESILIENCE, SOCIAL CONNECTIONS, CONCRETE SUPPORTS, KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT, AND SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN. ALL OUR FAMILY RESOURCE CENTER PROGRAMS, AS WELL AS OUR HOME VISITING PROGRAMS, HOUSING PROGRAMS, AND WORKFORCE DEVELOPMENT PROGRAMS INCORPORATE THIS APPROACH, FOCUSING ON ONE OR MORE OF THE FACTORS, DEPENDING ON WHAT SERVICE WE ARE PROVIDING. REGARDLESS OF THE SERVICE OR THE PROTECTIVE FACTORS THAT WE ARE FOCUSED ON, WE ARE ALWAYS NOTICING A PERSON'S STRENGTHS, HELPING THEM RECOGNIZE THOSE STRENGTHS TOO, AND AS PART OF THIS WORK, THE YOLO COUNTY CHILDREN'S ALLIANCE HAS BUILDING FROM THERE. BEEN THE BACKBONE ORGANIZATION TO A COLLABORATIVE OF OVER 20 YOLO COUNTY AGENCIES AND ORGANIZATIONS WHO JOINED TOGETHER IN 2012 TO FORM THE YOLO FAMILY STRENGTHENING NETWORK (YFSN). THE YFSN AIMS TO INTEGRATE THE PROTECTIVE FACTORS FRAMEWORK INTO YOLO COUNTY SERVICE SYSTEMS COUNTYWIDE.

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

HOUSING - YOLO COUNTY CHILDREN'S ALLIANCE PROVIDES SUPPORTIVE SERVICES TO FAMILIES

Schedule O (Form 990) 2021 Page 2

Name of the organization
YOLO COUNTY CHILDRENS ALLIANCE

Employer identification number
68-0526185

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

FAMILIES AND INDIVIDUALS LOCATE AFFORDABLE HOUSING, BUILD FINANCIAL SECURITY, ALSO PROVIDE DIRECT FINANCIAL ASSISTANCE WITH APPLICATION FEES, DEPOSITS, AND RENT. YCCA IS THE DESIGNATED ON-SITE CASE MANAGEMENT PROVIDER FOR THE GOVERNOR'S PROJECT ROOMKEY INITIATIVE IN WEST SACRAMENTO, PROVIDING ON-SITE CASE MANAGEMENT AND SUPPORTIVE SERVICES TO OLDER AND MEDICALLY FRAGILE INDIVIDUALS WHO WERE FACING HOMELESSNESS WHEN THE PANDEMIC HIT. IN 2022 WE SERVED OVER 300 INDIVIDUALS WITH MORE THAN 70 HAVING EXITED TO PERMANENT HOUSING. WE ARE ALSO THE CITY OF WEST SACRAMENTO'S CONTRACTED PROVIDER FOR ON-SITE SUPPORT AND CASE MANAGEMENT SERVICES FOR THEIR PROJECT HOMEKEY SITE, A MORE PERMANENT AND ONGOING PROJECT TO SUPPORT PEOPLE MOVING FROM HOMELESSNESS TO PERMANENT HOUSING.

COMMUNITY HEALTH INITIATIVE - THE GOAL OF THE COMMUNITY HEALTH INITIATIVE IS TO ENSURE THAT EVERY YOLO COUNTY RESIDENT HAS ACCESS TO AND IS COMFORTABLE ACCESSING HEALTH CARE SERVICES, IS ENROLLED IN HEALTH INSURANCE, AND UNDERSTANDS THEIR BENEFITS. IN 2022, WE DISTRIBUTED HUNDREDS OF AT HOME COVID-19 TEST KITS AND HELD SEVERAL FREE VACCINATION CLINICS FOR BOTH FLU AND COVID. OUR MULTI-LINGUAL AND MULTI-CULTURAL STAFF CONDUCTED EXTENSIVE OUTREACH TO PROVIDE ACCURATE AND SUPPORTIVE INFORMATION ABOUT THE COVID-19 VACCINES AND THEIR OPTIONS FOR GETTING VACCINATED. ADDITIONALLY, WE ENSURE THAT ALL YOLO COUNTY RESIDENTS HAVE HEALTHY FOOD AND ENOUGH FOOD TO EAT. WE EDUCATE PEOPLE ABOUT THEIR ELIGIBILITY FOR AND HELP THEM SUBMIT APPLICATIONS FOR BENEFITS SUCH AS CALFRESH (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) WHICH PROVIDES MONTHLY CASH TO PURCHASE NUTRITIOUS FOODS. WE ALSO HOLD A WEEKLY FRESH PRODUCE DISTRIBUTION, SERVING OVER 200 FAMILIES EVERY WEEK AND THOUSANDS OF UNDUPLICATED FAMILIES AND INDIVIDUALS OVER THE COURSE OF THE YEAR. OUR EMERGENCY FOOD VOUCHER PROGRAM PROVIDES \$25 FOOD VOUCHERS TO BE USED AT ANY OF THE THREE LOCALLY OWNED GROCERY OUTLET STORES WITHIN YOLO COUNTY. WE RAISE FUNDS TO

Schedule O (Form 990) 2021 Page 2

Name of the organization
YOLO COUNTY CHILDRENS ALLIANCE
Employer identification number
68-0526185

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

REIMBURSE THE LOCAL STORES FOR ACCEPTING THE VOUCHERS. IN 2022 WERE ABLE TO PROVIDE 300 VOUCHERS TO STRUGGLING FAMILIES AND INDIVIDUALS.

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

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

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

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

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

AFTER DISCLOSING THE NATURE OF THE CONFLICT THEY ARE EXPECTED TO RECUSE THEMSELVES

FROM FURTHER DISCUSSION OR VOTING.

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

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS. THE BOARD CONSIDERS COMPENSATION PAID TO MANAGEMENT OF SIMILAR NON-PROFIT ORGANIZATIONS, PERFORMANCE, AND BUDGETARY CONSTRAINTS.

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.

Schedule O (Form 990) 2021 Page 2

Name of the organization	Employer identification number
YOLO COUNTY CHILDRENS ALLIANCE	68-0526185
FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES	
CHANGE IN BENEFICIAL INTEREST	TOTAL \$ -1,960.