Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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. ax year beginning APR 1, 2018 and ending MAR 31,

| Composition | Α | For the | 2018 calendar year, or tax year beginning $APR~1$, $~2018$ and endi | ng M | AR 31, 2019 | | | | |
|--|---------------------|-------------|--|----------|----------------------|-------------------------------|--|--|--|
| Design business as 95 - 4358213 | | | | | | cation number | | | |
| Number and street (or Po.D box (finall is not delivered to street address) Sonomistic Sono | | Addres | Alliance For Children's Rights | | | | | | |
| Sample S | L | change | Š . | | 95-4 | 358213 | | | |
| City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, and a state of postal code or foreign postal code City or town, and a state or province or state or foreign postal code City or town and a state or foreign postal code City or town and a state or foreign postal code City or town and a state or foreign postal code City or town and a state or foreign postal code City or town and a state or foreign postal code City or town and a state or foreign postal code City or town and a state or foreign postal code City or town and a state or foreign postal code City or town and a state or foreign postal code City or foreign postal code Ci | | | | | | | | | |
| Los Angeles, CA 90010-4123 | | termin- | City or town, state or province, country, and ZIP or foreign postal code | | | | | | |
| Part | | Ameno | | | | | | | |
| Same as C above | | Application | F Name and address of principal officer: Jennifer Braun | | | | | | |
| Tax-exempt status: | | pendin | g same as C above | | | | | | |
| J Website: ► WWW. kids alliance.org Htg Group exemption number ► K Form of organization: X Group retain Trust Association Other ► Lyear of lormalion: 1992 Mistae of legal domnolist; CA Part Summary Briefly describe the organization's mission or most significant activities: Alliance for Children S Rights offers free legal services to impoverished and foster children. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1b) 4 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members of the governing body (Part VI, line 1a) 3 3.8 Number of independent voting members (Part VII, loolumn (I), line 1a) 4 4 5 5 7 Number of independent voting members (Part VII, loolumn (I), line 1a) 5 7 7 7 7 7 Number of independent voting members (Part VIII, loolumn (I), line | $\overline{\Gamma}$ | Tax-exe | empt status: $X = 501(c)(3)$ $501(c)()$ (insert no.) $4947(a)(1)$ or | 527 | | | | | |
| Briefly describe the organization's mission or most significant activities: Alliance for Children's Rights offers free legal services to impoverished and foster children. Check this box Life the organization discontinued its operations or disposed of more than 25% of its net assets. | J | Websit | | | | | | | |
| Briefly describe the organization's mission or most significant activities: Alliance for Children's Rights offers free legal services to impoverished and foster children. 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 A 38 Number of voting members of the governing body (Part VI, line 1a) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 Total unrelated business revenue from Part VIII, column (C), line 12 7 Total unrelated business revenue from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue- add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Salaries, other compensation, employee benefits (Part IX, column (A), lines 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total sexpenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Total fundraising expenses Part IX, column (A), line 25) 21 Total fundraising expenses Part IX, column (A), line 25) 22 Total fundraising expenses Part IX, column (A), line 25) 23 Total fundraising expenses Part IX, column (A), line 25) 24 Total fundraising expenses Part IX, column (A), line 25) 25 Total sessets (Part X, line 26) 26 Total sessets of fund balances. Subtract line 18 from line 20 27 Total fundraising expenses Part IX, column (A), line 25) 28 Total sessets of fund balances and time trunt, including accompanying schedules and statements, and to t | K | Form of | organization: X Corporation Trust Association Other | L Year o | of formation: 1992 N | 1 State of legal domicile: CA | | | |
| offers free legal services to impoverished and foster children. Check this box ▶ | P | | | | | | | | |
| B Net unrelated business taxable income from Form 990-T, line 38 To T5, 914. | Ф | 1 | Briefly describe the organization's mission or most significant activities: ${	t Alliance}$ | ce f | or Children | 's Rights | | | |
| B Net unrelated business taxable income from Form 990-T, line 38 | anc | | offers free legal services to impoverished | and | foster chi | ldren. | | | |
| B Net unrelated business taxable income from Form 990-T, line 38 To T5, 914. | ərn | 2 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| B Net unrelated business taxable income from Form 990-T, line 38 To T5, 914. | ŏ | 3 | | | | | | | |
| B Net unrelated business taxable income from Form 990-T, line 38 To T5, 914. | ھ 9 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | | | | |
| B Net unrelated business taxable income from Form 990-T, line 38 To T5, 914. | es | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | | 5 | | | | |
| B Net unrelated business taxable income from Form 990-T, line 38 To T5, 914. | Ĭ | 6 | | | | | | | |
| B Net unrelated business taxable income from Form 990-T, line 38 | Act | 7 a | | | | | | | |
| Source Contributions and grants (Part VIII, line 1h) 6,108,126. 4,505,332. | _ | b | Net unrelated business taxable income from Form 990-T, line 38 | ····· | 7b | | | | |
| 9 Program service revenue (Part VIII, line 2g) | | | | <u> </u> | | | | | |
| 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | ne | | | | | 4,505,332. | | | |
| 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | /en | | | | • • | 100 000 | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6 , 263 , 174 | Re | | | | | | | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 . | | 1 | | | • • | | | | |
| Beginning of Current Year Total assets (Part X, line 16) Total assets (Part X, line 26) Total | | | | | | | | | |
| Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,454,700. 4,597,649. | | | | | * - | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | l | | | | _ | | | |
| Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Signature Block 25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Paid Print/Type preparer's name Lior Temkin Preparer Use Only LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | ses | 160 | | | | | | | |
| Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Signature Block 25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Paid Print/Type preparer's name Lior Temkin Preparer Use Only LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | pen | h ioa | Total fundraising expenses (Part IX, column (D), line 25) 491, 514 | . – | | | | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,808,946. 5,714,774. 19 Revenue less expenses. Subtract line 18 from line 12 454,228. -1,023,544. 20 Total assets (Part X, line 16) 12,507,117. 11,930,704. 21 Total liabilities (Part X, line 26) 460,403. 663,313. 22 Net assets or fund balances. Subtract line 21 from line 20 12,046,714. 11,267,391. Part II Signature Block | Ě | 17 | Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e) | - | 1.354.246. | 1.117.125. | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 454,228 | | | | | | | | | |
| Beginning of Current Year End of Year 12,507,117. 11,930,704. 12,507,117. 11,930,704. 12,507,117. 11,930,704. 12,046,714. 11,267,391. 12,046,714. | | | | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Jennifer Braun, President and CEO Type or print name and title Print/Type preparer's name Preparer's sign below the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Date Print/Type preparer's name Preparer's sign below to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge. Date Date Print/Type preparer's name Preparer's sign below to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge. Date Print/Type preparer's name Print/Typ | Jor Sec | 3 | | Bed | | | | | |
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| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Jennifer Braun, President and CEO Type or print name and title Print/Type preparer's name Preparer's sign below the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Date Print/Type preparer's name Preparer's sign below to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge. Date Date Print/Type preparer's name Preparer's sign below to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge. Date Print/Type preparer's name Print/Typ | ASS | 21 | | | | 663,313. | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Jennifer Braun, President and CEO Type or print name and title Print/Type preparer's name Preparer Lior Temkin Preparer SINGERLEWAK LLP Firm's name SINGERLEWAK LLP Firm's address 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 12,046,714. | 11,267,391. | | | |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Jennifer Braun, President and CEO Type or print name and title Print/Type preparer's name Lior Temkin Firm's name SINGERLEWAK LLP Firm's name Firm's address 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | P | art II | | | | | | | |
| Sign Here Jennifer Braun, President and CEO Type or print name and title Print/Type preparer's name Lior Temkin Firm's name SINGERLEWAK LLP Firm's address 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783 Pate Date O6/27/19 Signature of officer Date O6/27/19 Firm's EIN PTIN 06/27/19 Firm's EIN P5-2302617 Phone no. (310) 477-3924 | | | | | | y knowledge and belief, it is | | | |
| Here Jennifer Braun, President and CEO Type or print name and title Print/Type preparer's name Lior Temkin Preparer Lior Temkin Firm's name SINGERLEWAK LLP Firm's address 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | true | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which p | reparer | has any knowledge. | | | | |
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| Type or print name and title Print/Type preparer's name Lior Temkin Preparer's sure Use Only Preparer Use Only Type or print name and title Print/Type preparer's name Lior Temkin Date 06/27/19 if self-employed P00748170 Firm's name SINGERLEWAK LLP Firm's address 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | | | | | Date | | | | |
| Print/Type preparer's name Lior Temkin Preparer's supply to the lior Temkin Preparer Firm's name SINGERLEWAK LLP Firm's address 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | He | re | | | | | | | |
| Paid Lior Temkin Lior Temkin 06/27/19 firm's name SINGERLEWAK LLP Firm's address 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | _ | | 93 | П | ate Charle | II PTIN | | | |
| Preparer Firm's name SINGERLEWAK LLP Firm's EIN 95-2302617 Use Only Firm's address 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | Da: | ا ا | | | OHOOK | | | | |
| Use Only Firm's address 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | | | | Įυ | | 95-2302617 | | | |
| LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924 | | | | | FIIIII S EIN | JJ ZJUZUII | | | |
| | 030 | , only | | | Phone no (3 | 10) 477-3924 | | | |
| | Ma | v the IF | RS discuss this return with the preparer shown above? (see instructions) | | Ti none no. (5 | X Yes No | | | |

| Pai | t III Statement of Program Service Accomplishments |
|-----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | During the fiscal year 6,505 children's cases were handled and since |
| | 1992, the Alliance has improved thel ives of more than 150,000 clients |
| | with permanency through adoption and legal guardianship, access to |
| | healthcare and critical supports, and education needs and rights. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 867,825 • including grants of \$) (Revenue \$) |
| | Adoption and Guardianship: Stable, nurturing homes are a primary need |
| | for the children the Alliance serves. Adoption gives children in foster |
| | care a chance to be part of a permanent family. Together with pro bono |
| | attorneys, the Alliance overcomes barriers and delays for children |
| | waiting for their adoption to finalize, completing one-third of all |
| | adoptions out of foster care in L.A. County. Adoption is not the only |
| | means through which children who cannot safely remain with birth |
| | parents find stable, loving homes. The Alliance and its pro bono |
| | partners help low-income caregivers become legal guardians through the |
| | probate court, to gain access to medical care and education. The |
| | Alliance then advocates for healthcare and supportive benefits to help |
| | adoptive parents and guardians keep their families secure and thrive. |
| 4b | |
| | Education: More than half of all children in foster care have learning |
| | disabilities or developmental delays. This, combined with frequent |
| | moves and school changes, results in a 50% school drop-out rate. However, evidence shows that reaching children at a young age will |
| | improve healthy development and reduce or avoid the need for special |
| | education and mental health services later. The Alliance advocates for |
| | foster children ages 0-19 to receive assessments, education services, |
| | and therapies tailored to meet their special needs. The Alliance also |
| | works to keep youth succeeding in school and on track for high school |
| | graduation by ensuring that they are in appropriate classes, receive |
| | appropriate credits, and have access to education plans, tutoring, and |
| | transportation, even when they must change schools. |
| 4c | (Code:) (Expenses \$ 570,346 • including grapts of \$) (Revenue \$ |
| | Transition Age Youth (TAY): Every year, thousands of young people "age |
| | out" of the foster care system in L.A. without a permanent family or |
| | adequate preparation. The Alliance provides targeted support to those |
| | youth ages 14-25, to help them overcome barriers to employment, |
| | education, housing, and healthcare. The Alliance assists youth who have |
| | experienced identity thefts and financial frauds, and advocates for |
| | high-needs foster youth, including pregnant and parenting teens, youth |
| | who cross into the delinquency system, and youth with severe |
| | disabilities. It also empowers these youth with connection to |
| | resources, skill building workshops, advocacy opportunities, and |
| | mentoring. Together with pro bono attorneys and other volunteers, the |
| | Alliance is improving outcomes and promoting independence for youth. |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ 2,216,391. including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 4 , 517 , 315 . |
| | Form 990 (2018) |

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|------|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | l |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | 3,7 |
| _ | 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 | | | - V |
| | 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, | _ | | - V |
| | 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 | | | x |
| • | Schedule D, Part III | 8 | | |
| 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? | | | x |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | Α. |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 40 | Х | |
| 44 | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | 21 | |
| 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. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | 0.414 | 11a | Х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | Ha | | |
| D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 110 | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| - | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | l |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | ₩. |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 4- | | Х |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | Х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | - 21 | |
| 19 | | 19 | | Х |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| | G contract and a second of About a contract of the contract of | | | |

| Pa | rt IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 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</i> "Yes," <i>complete Schedule J</i> | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | | |
| С | 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 | | |
| | 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 |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | X | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | | х |
| 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 | | | |

| Schedule N, Part II | 32 | | Х |
|---|--|---|---|
| Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 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 |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | Х |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 |

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

| | | | | | Yes | No | |
|----|--|----|----|----|-----|----|--|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 14 | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | | |
| С | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | |
| | (gambling) winnings to prize winners? | | | 1c | X | | |

832004 12-31-18

Form 990 (2018) Alliance For Children's Rights

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

| _ | | | Yes | No | | | | | |
|-----|--|------------|-----|----------|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 71 | | | | | | | | |
| h | | 2b | Х | | | | | | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | Z D | 21 | | | | | | |
| 32 | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 35 | | | | | | | |
| 14 | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | | | |
| b | If "Yes," enter the name of the foreign country: | | | | | | | | |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | | |
| b | | | | | | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | |
| | to file Form 8282? | 7с | | X | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | Х | | | | | |
| е | 7 7 7 171 | | | | | | | | |
| f | J , J , , , , , , , , , , , , , , , , , | | | | | | | | |
| g | | | | | | | | | |
| _ | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 00 | | | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | | | | | | | |
| 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | 90 | | | | | | | |
| а | 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: | | | | | | | | |
| | Gross income from members or shareholders 11a | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans 13b | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | <u> </u> | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | 177 | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | v | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |

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

| | · · · · · · · · · · · · · · · · · · · | | | | | Λ |
|-----|--|---------------------------|--------------|---------|--------|------------------|
| Sec | tion A. Governing Body and Management | | | - | | |
| | | 1 1 | 205 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 38 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 38 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | ip with any other | | | | |
| | officer, director, trustee, or key employee? | | | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | ne direct supervision | Γ | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | г | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | г | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | ···· | | | |
| | more members of the governing body? | | | 7a | | Х |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | ···· | 74 | | |
| D | | | | 7h | | Х |
| 0 | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye | | ···· | 7b | | > |
| 8 | | • | | 0.5 | Х | |
| a | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | ···· - | 8b | Λ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real | | | | | v |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal F | evenue Code.) | | | | |
| | | | г | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such of | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot }$ | | L | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | dy before filing the forn | า? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | L | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | e to conflicts? | L | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," describe | | | | |
| | in Schedule O how this was done | | L | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | Г | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approv | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | [| 15a | Х | |
| | Other officers or key employees of the organization | | | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | ···· | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment with a | | | | |
| | taxable entity during the year? | | | 16a | | Х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | ···· | | | |
| - | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the step to safeguard the steps to safeguard the step to safeguard the step to safeguard the organization of the step to safeguard the safeguard th | | | | | |
| | | | | 16b | | |
| Sec | exempt status with respect to such arrangements? | | [| 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶CA | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a | nd 990-T (Section 501) | (C)(3)C | Only | availe | ahle |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | 114 330-1 (OECHOH 30 I) | ₍ | Or ity) | availa | ıDI C |
| | X Own website X Another's website X Upon request X Other (explain | in Schodula (1) | | | | |
| 40 | | , | | Æler - | -:-! | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | ormict of interest policy | , and | rinan | cial | |
| 00 | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | ooks and records | | | | |
| | Debbie Cohen - 213-368-6010 | | | | | |
| | 3333 Wilshire Blvd., #550, Los Angeles, CA 90010 | | | | | |

Form 990 (2018)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | l | <u> </u> | | C) | про | i iou | (D) | (E) | (F) |
|---------------------------------|--|------------------|-----------------------|----------|--------------|------------------------------|----------|--|--|--|
| Name and Title | Average hours per | box | not c , unle | ss pe | more rson | than is bot or/trus | h an | Reportable compensation | Reportable compensation | Estimated amount of |
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Trent Copeland, Esq. | 2.00 | ., | | ,, | | | | | 0 | 0 |
| Treasurer | 2 00 | Х | | Х | _ | | | 0. | 0. | 0. |
| (2) Rick Rosen | 2.00 | ٠,, | | ,, | | | | | 0 | 0 |
| Co-Chair | 2 00 | Х | | Х | _ | | | 0. | 0. | 0. |
| (3) Phillip Rudolph, Esq. | 2.00 | . , | | ٦, | | | | | 0 | 0 |
| Secretary | 2 00 | Х | _ | Х | _ | | | 0. | 0. | 0. |
| (4) Chris B. Walther, Esq. | 2.00 | Ψ. | | ٦, | | | | | 0 | 0 |
| Co-Chair | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) Matthew D. Babrick | 1.00 | X | | | | | | 0. | 0. | 0. |
| Director | 1.00 | ^ | _ | <u> </u> | _ | | | 0. | 0. | 0. |
| (6) Peter Benedek | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) James P. Clark Esq. | 1.00 | ^ | | | | | | 0. | 0. | <u> </u> |
| , - | 1.00 | X | | | | | | 0. | 0. | 0. |
| Oirector (8) Dena Cook | 1.00 | ^ | | | | | \vdash | 0. | 0. | 0. |
| Director | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) Nancy De Brier, Esq. | 1.00 | Δ | | \vdash | | | | 0. | 0 • | 0. |
| Director | 1.00 | x | | | | | | 0. | 0. | 0. |
| (10) Scott A. Edelman, Esq. | 1.00 | | \vdash | \vdash | _ | | | 0. | • | |
| Director | 1.00 | x | | | | | | 0. | 0. | 0. |
| (11) Alan J. Epstein, Esq. | 1.00 | | | | | | | 0. | 0. | |
| Director | 1.00 | х | | | | | | 0. | 0. | 0. |
| (12) E. Martin Estrada, Esq. | 1.00 | | | | | | | | • | |
| Director | | x | | | | | | 0. | 0. | 0. |
| (13) Susan F. Friedman | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (14) Andrew D. Garelick Esq. | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (15) Cliff Gilbert-Lurie, Esq. | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (16) Leslie Gilbert-Lurie, Esq. | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (17) Barbara Grushow | 1.00 | | | | | | | | | |
| Director | | Х | | L | L | L | L | 0. | 0. | 0. |
| 832007 12-31-18 | | | | | | | | | | Form 990 (2018) |

832007 12-31-18

| Form 990 (2018) Alliance | For Ch | 11c | dre | en ' | ່ຣ | R | ig. | hts | 95-435 | 821 | L3 | Page 8 |
|--|--------------------------|--------------------------------|-----------------------|------------------|--------------|---------------------------------|----------|--------------------------------|---------------------------------------|--------|------------------------|----------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ghe | st C | Compensated Employe | es (continued) | | | |
| (A) | (B) | | | ((| | | | (D) | (E) | | (F |) |
| Name and title | Average | ١,, | | Pos | | | | Reportable | Reportable | | Estim | - |
| | hours per | box | , unle | heck ss pe | rson i | is bot | h an | compensation | compensation | | amou | |
| | week | offic | cer ar | nd a d | irecto | or/trus | tee) | from | from related | | oth | er |
| | (list any | ector | | | | | | the | organizations | С | omper | nsation |
| | hours for | or din | a) | | | ated | | organization | (W-2/1099-MISC) | | from | |
| | related organizations | stee | truste | | as a | ben sa | | (W-2/1099-MISC) | | | organi | |
| | below | Jal tru | onal t | | oloye | com | | | | | and re | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | ' | organiz | ations |
| (10) Angie Herman | 1.00 | 드 | 드 | Of | - Ke | 포등 | 요 | | | + | | |
| (18) Angie Harmon | 1.00 | Х | | | | | | 0. | 0 | | | 0. |
| Director | 1.00 | Δ | _ | | | | | 0. | U | - | | <u> </u> |
| (19) Yasmine Delawari Johnson | 1.00 | ٦, | | | | | | | , | | | 0 |
| Director | 1 00 | Х | | | | | | 0. | 0 | • | | 0. |
| (20) Jo Kaplan, Esq. | 1.00 | | | | | | | | | | | • |
| Director | 1 00 | Х | | | | | | 0. | 0 | • | | 0. |
| (21) Mitchell T. Kaplan | 1.00 | | | | | | | | _ | | | |
| Director | | Х | | | | | | 0. | 0 | • | | 0. |
| (22) Karen Mack, Esq. | 1.00 | | | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0 | • | | 0. |
| (23) Steven A. Marenberg, Esq. | 1.00 | | | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0 | • | | 0. |
| (24) Richard Martinez | 1.00 | | | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0 | | | 0. |
| (25) Sue Naegle | 1.00 | | | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0 | | | 0. |
| (26) Gary Newman | 1.00 | | | | | | | | | 十 | | |
| Director | | Х | | | | | | 0. | 0 | | | 0. |
| 1b Sub-total | | | | | | _ | | 0. | | • | | 0. |
| c Total from continuation sheets to Part VI | | | | | | | | 1,110,089. | | • | 67. | 678. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,110,089. | 0 | | 67. | 678. |
| Total number of individuals (including but n | | | | | | | ho r | | | -1 | <u> </u> | |
| compensation from the organization | ot iii iiited to ti | 1030 | liott | Ju ai | JOV. | <i>5)</i> WI | 10 1 | cocived more than proc | ,,000 of reportable | | | 8 |
| compensation from the organization | | | | | | | | | | | Ye | |
| 3 Did the organization list any former officer, | director or tr | icto | o ka | w on | nnlo | | or | highest componented o | mployee on | | | - 115 |
| | | | | | | | | | | | 3 X | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | · 📙 | 2 | |
| 4 For any individual listed on line 1a, is the su | • | | - | | | | | • | - | | 4 X | |
| and related organizations greater than \$150 | | | | | | | | | | · | 4 X | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | ١, | _ | Х |
| rendered to the organization? If "Yes," com Section B. Independent Contractors | piete Scriedui | e J ī | or s | ucn _l | oers | son . | | | | . : | 5 | |
| · · · · · · · · · · · · · · · · · · · | | | | _ | | | _ | | * | | | |
| 1 Complete this table for your five highest co | - | | | | | | | | · · · · · · · · · · · · · · · · · · · | nsatio | on tron | 1 |
| the organization. Report compensation for | tne calendar y | ear (| enai | ng v | vitn | or w | itnii | | year. | | (0) | |
| (A) Name and business | address | NT/ | ONI | | | | | (B) Description of s | envices | Com | (C) ipensa | tion |
| - Name and business | <u>addi 033</u> | TAC | ואזע | | | | \dashv | Description of a | ICI VICCO | 0011 | рспва | |
| | | | | | | | | | | | | |
| | | | | | | | \dashv | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | ncluding but n | ot li | mite | d to | | _ | stec | d above) who received n | nore than | | | |
| \$100,000 of compensation from the organiz | zation | | | | | 0 | - | | | | | |
| See Part VII, Section | n A Cont | cir | nua | ati | LOI | า ร | sh | eets | | Fo | rm 99 0 | 0 (2018) |

| Form 990 Alliance | For Chi | 11c | dre | en ' | 'ន | Ri | Lgl | nts | 95-435 | 8213 | |
|---|------------------------|-------------------------------|------------------------|---------|---------------|------------------------------|-----------|-----------------|-----------------|---------------|--|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | |
| (A) (B) (C) (D) (E) (F) | | | | | | | | | | | |
| Name and title | Average | | Position | | | | | Reportable | Reportable | Estimated | |
| | hours | (cł | (check all that apply) | | compensation | compensation | amount of | | | | |
| | per | Ť | | | | Ė | | from | from related | other | |
| | week | ١. | | | |) y ee | | the | organizations | compensation | |
| | (list any | rector | | | | em plc | | organization | (W-2/1099-MISC) | from the | |
| | hours for | or di | e e | | | ated | | (W-2/1099-MISC) | | organization | |
| | related | ustee | frust | | e e | suadı | | | | and related | |
| | organizations below | lual tr | tional | | nploy | st con | _ | | | organizations | |
| | line) | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| (27) Kevin Reilly | 1.00 | \vdash | _ | | - | - | _ | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. | |
| (28) Alex G. Romain | 1.00 | | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. | |
| (29) Bruce Rosenblum | 1.00 | | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. | |
| (30) Susan Saltz | 1.00 | | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. | |
| (31) Jose F. Sanchez, Esq. | 1.00 | | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. | |
| (32) Toni M. Schulman | 1.00 | | | | | | | | • | • | |
| Director | 1 00 | Х | | | | | | 0. | 0. | 0. | |
| (33) Pamela Soper | 1.00 | | | | | | | | 0 | | |
| Director | 1 00 | Х | | | | | | 0. | 0. | 0. | |
| (34) Kris Spazafumo | 1.00 | ,, | | | | | | | 0 | 0 | |
| Director | 1 00 | Х | | | _ | | | 0. | 0. | 0. | |
| (35) Silvia Vannini, Esq. | 1.00 | х | | | | | | 0. | 0. | 0. | |
| Oirector (36) Bart H. Williams, Esq. | 1.00 | Δ | | | | | | 0. | 0. | 0. | |
| Director | 1.00 | Х | | | | | | 0. | 0. | 0. | |
| (37) Noelle Wolf | 1.00 | | \vdash | | \vdash | \vdash | | | 0. | | |
| Director | 1.00 | х | | | | | | 0. | 0. | 0. | |
| (38) Robert J. Woolway | 1.00 | | | | \vdash | \vdash | | | • | | |
| Director | | х | | | | | | 0. | 0. | 0. | |
| (39) Jennifer Braun | 37.50 | | | | | | | | | | |
| President & CEO | | | | х | | | | 212,450. | 0. | 15,590. | |
| (40) Danilo Garcia | 37.50 | | | | | | | , | | | |
| Chief Financial Officer | | | | Х | | | | 114,607. | 0. | 4,980. | |
| (41) Cynthia Biley | 37.50 | | | | | | | - | | | |
| Director of Adoption Program | | | | | | Х | | 113,500. | 0. | 13,119. | |
| (42) Lauri Collier | 37.50 | | | | | | | | | | |
| OYC Director | | | | | | Х | | 116,012. | 0. | 3,616. | |
| (43) Lara Holtzman | 37.50 | | | | | | | | | | |
| Managing Attorney | | | | | | Х | | 128,196. | 0. | 11,984. | |
| (44) Jill Rowland | 37.50 | | | | | | | | | | |
| Education Program Director | | | | | | Х | | 113,500. | 0. | 9,304. | |
| (45) Angela Schwartz | 37.50 | | | | | | | | _ | | |
| Policy Director | | | | | | Х | | 132,994. | 0. | 9,085. | |
| (46) Laurie Rubiner | 0.00 | | | | | | | 450 000 | | _ | |
| Former President & CEO | | | | | | | X | 178,830. | 0. | 0. | |
| | | | | | | | | 1 110 000 | | 67 670 | |
| Total to Part VII, Section A, line 1c | | | | | | | | 1,110,089. | | 67,678. | |

| | | Check if Schedule O cont | tains a response | or note to any li | ne in this Part VIII | | | |
|--|----------------------------|--|--|---------------------|----------------------|--|---|--|
| | | Check if Schedule O confi | ains a response | or note to any in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f | 1b 1c 1, 1d tions) 1e 1s, and ve 1f 2, | 891,005. 84,127. | | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2 a | | | | | | | |
| ogra Re | е | | | | | | | |
| Pro | | All other program service reve | enue | | | | | |
| | | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including other similar amounts) Income from investment of ta | dividends, inter | est, and oroceeds | 181,493. | | | 181,493. |
| | 5 | Royalties | | | | | | |
| | | Gross rents | | (ii) Personal | - | | | |
| | c | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities 64,061. | (ii) Other | _ | | | |
| | b | assets other than inventory Less: cost or other basis | 04,001. | | - | | | |
| | | and sales expenses | 64,656. | | | | | |
| | c | Gain or (loss) | -595. | | | | | |
| | C | Net gain or (loss) | | | -595. | | | -595. |
| Other Revenue | 8 a | Gross income from fundraisin including \$ 1,614,3 contributions reported on line | 327. of | | | | | |
| r Re | | Part IV, line 18 | | 405,778. | | | | |
| the | b | Less: direct expenses | | 405,778. | | | | |
| 0 | | Net income or (loss) from fund | | | 0. | | | |
| | 9 a | Gross income from gaming ac | | | | | | |
| | h | Part IV, line 19 | | | - | | | |
| | | Net income or (loss) from gan | | | | | | |
| | | Gross sales of inventory, less | • | | | | | |
| | | and allowances | | | _ | | | |
| | | Less: cost of goods sold | | | | | | |
| | <u> </u> | Net income or (loss) from sale | | | | | | |
| | 44 | Miscellaneous Revenu OTHER REVENUE | ie | Business Code | 5,000. | | | 5,000. |
| | 11 a | | | 900099 | 3,000. | | | 3,000. |
| | C | | | | | | | |
| | | All other revenue | | | 1 | | | |
| | | • Total. Add lines 11a-11d | | <u> </u> | 5,000. | | | |
| | 12 | Total revenue. See instructions | | • | 4,691,230. | | 0. | 185,898. |

Part IX | Statement of Functional Expenses

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

| _ | Check if Schedule O contains a respon | se or note to any line in (A) | this Part IX(B) | (C) | (D) |
|--------|---|-------------------------------|-----------------------------|---------------------------------|-----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 402 142 | 201 122 | 150 017 | 40 704 |
| | trustees, and key employees | 402,143. | 201,132. | 158,217. | 42,794 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 2 417 602 | 2 027 060 | 210 116 | 267 607 |
| 7 | Other salaries and wages | 3,417,682. | 2,837,869. | 312,116. | 267,697 |
| 8 | Pension plan accruals and contributions (include | 60 710 | E 6 02 4 | 7 605 | F 270 |
| _ | section 401(k) and 403(b) employer contributions) | 69,718. 415,411. | 56,834. | 7,605. | 5,279 28,039 |
| 9 | Other employee benefits | | 343,789. | 43,583. | 20,039 |
| 10 | Payroll taxes | 292,695. | 234,465. | 34,655. | 23,575 |
| 11 | Fees for services (non-employees): | | | | |
| | Management | | | | |
| b | Legal | 25 026 | 15 010 | 2 507 | 7 017 |
| | • | 25,026. | 15,212. | 2,597. | 7,217 |
| | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | (2 5 (5 | | C2 FCF | |
| f | Investment management fees | 63,565. | | 63,565. | |
| g | , | 100 010 | 74 714 | 10 754 | 25 444 |
| | column (A) amount, list line 11g expenses on Sch O.) | 122,912. | 74,714. | 12,754. | 35,444 |
| 12 | Advertising and promotion | 127 122 | 105 254 | 10 000 | 10 700 |
| 13 | Office expenses | 137,122. 51,320. | 105,354. | 18,980. | 12,788 5,045 |
| 14 | Information technology | 51,320. | 40,669. | 5,606. | 5,045 |
| 15 | Royalties | 383,277. | 325,529. | 21,122. | 26 626 |
| 16 | Occupancy | 85,850. | 76,104. | 7,162. | 36,626 |
| 17 | Travel | 05,050. | 70,104. | 7,102. | 2,584 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 9,929. | 8,306. | 661. | 962 |
| 19 | Conferences, conventions, and meetings | 9,949. | 0,300. | 001. | 902 |
| 20 | Interest Payments to offiliates | + | | + | |
| 21 | Payments to affiliates | 48,606. | 38,398. | 5,347. | 4,861 |
| 22 | Depreciation, depletion, and amortization | 49,258. | 38,865. | 5,341. | 5,052 |
| 23 | Insurance Other expenses. Itemize expenses not covered | 45,250. | 30,003. | 3,311. | 3,032 |
| 24 | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | Dues and Subscriptions | 29,769. | 20,846. | 3,036. | 5,887 |
| a b | Youth Development Servi | 29,720. | 26,332. | 0. | 3,388 |
| C | Intern/Volunteer/Pro Bo | 24,599. | 20,988. | 1,079. | 2,532 |
| d | Printing and Publishing | 10,462. | 8,149. | 1,319. | 994 |
| | All other expenses | 45,710. | 43,760. | 1,200. | 750 |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,714,774. | 4,517,315. | 705,945. | 491,514 |
| 26 | Joint costs. Complete this line only if the organization | -,,,, | _,, | , , , , , , | |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | 11 TOHOWING GOT 90-2 (AGG 906-720) | | | | Earm 990 (2018 |

| Ра | rt X | Balance Sheet | | | | | |
|---------------|------|--|-----------------------|-----------------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or no | te to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 1,823,507. | 2 | 1,936,916. |
| | 3 | Pledges and grants receivable, net | | 1,892,554. | 3 | 1,597,773. | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and for | ormer o | fficers, directors, | | | |
| | | trustees, key employees, and highest compensation | ated en | nployees. Complete | | | |
| | | Part II of Schedule L | | 5 | | | |
| | 6 | Loans and other receivables from other disquali | | , | | | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| | | employers and sponsoring organizations of sec | tion 50 | 1(c)(9) voluntary | | | |
| Assets | | employees' beneficiary organizations (see instr). | lete Part II of Sch L | | 6 | | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| ⋖ | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 106,416. | 9 | 122,078. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 697,377. | | | |
| | b | Less: accumulated depreciation | 10b | 556,149. | 169,233. | 10c | 141,228. |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, line | 11 | | 8,490,564. | 12 | 8,105,334. |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 24,843. | 15 | 27,375. | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 12,507,117. | 16 | 11,930,704. |
| | 17 | Accounts payable and accrued expenses | 460,403. | 17 | 663,313. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | ····· | | 21 | |
| es | 22 | Loans and other payables to current and former | | | | | |
| Ħ | | key employees, highest compensated employee | | | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | s 17-24) |). Complete Part X of | | | |
| | | Schedule D | | | 460 402 | 25 | ((2, 212 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 460,403. | 26 | 663,313. |
| | | Organizations that follow SFAS 117 (ASC 958 | | k here LA and | | | |
| ces | | complete lines 27 through 29, and lines 33 ar | | | 0 202 761 | | 0 210 500 |
| <u>a</u> u | 27 | Unrestricted net assets | | | 9,303,761. 2,742,953. | 27 | 9,310,590. |
| Ва | 28 | Temporarily restricted net assets | | | 4,144,900. | 28 | 1,956,801. |
| Fund Balances | 29 | | | | | 29 | |
| Ţ | | Organizations that do not follow SFAS 117 (A | SC 958 | s), check here | | | |
| S O | | and complete lines 30 through 34. | | | | | |
| set | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated in | | | 12 0/6 71/ | 32 | 11 267 201 |
| _ | 33 | Total net assets or fund balances | | | 12,046,714. | 33 | 11,267,391. |
| | 34 | Total liabilities and net assets/fund balances | | | 12,507,117. | 34 | 11,930,704. |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|---|--|-------------------|--------------------------------|-------------------|-------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 2 3 4 5 6 7 8 9 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | 1 2 3 4 5 6 7 8 9 | 4,69 5,71 -1,02 12,04 | 1,2 4,7 3,5 | 74. 44. 14. |
| 10 | | 10 | 11,26 | 7 3 | 91 |
| Pa | rt XII Financial Statements and Reporting | 10 | 11,20 | 7,5 | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | Oncok ii Oorloadie O cortaine a response of note to any line iii alie i are xii | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | - | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | | | | |
| b | separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | | | | |
| | consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | ., | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | 77 |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name of the organization **Employer identification number** Alliance For Children's Rights 95-4358213 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described 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 university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|---------------------------|---------------------|---------------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 5,809,049. | 5,333,050. | 5,539,337. | 6,108,126. | 4,505,332. | 27,294,894. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 5,809,049. | 5,333,050. | 5,539,337. | 6,108,126. | 4,505,332. | 27,294,894. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 4,468,876. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 22,826,018. |
| | ction B. Total Support | | | | | | , , |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 4 | 5,809,049. | 5,333,050. | 5,539,337. | 6,108,126. | 4,505,332. | 27,294,894. |
| | Gross income from interest, | | | | . , | , , | , , |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 131,038. | 129,854. | 144,431. | 155,643. | 181,493. | 742,459. |
| 9 | Net income from unrelated business | , | , | , | , | , | · · · · · · · · · · · · · · · · · · · |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | 5,000. | 5,000. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 28,042,353. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | , , |
| 13 | First five years. If the Form 990 is for | | | d. fourth, or fifth ta | ax vear as a sectio | | |
| | organization, check this box and stor | | | | | | > |
| Sec | ction C. Computation of Publ | | | | | | , |
| 14 | Public support percentage for 2018 (| line 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 81.40 % |
| 15 | Public support percentage from 2017 | | | | | 15 | 82.47 % |
| 16a | 33 1/3% support test - 2018. If the | | | | | nore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X |
| b | 33 1/3% support test - 2017. If the | | | | | | is box |
| | and stop here. The organization qual | | | | | | > |
| 17a | 10% -facts-and-circumstances tes | | | | | | or more, |
| | and if the organization meets the "fac | cts-and-circumstan | ces" test, check th | nis box and stop h | ere. Explain in Par | t VI how the organ | ization |
| | meets the "facts-and-circumstances" | | | - | · · | - | |
| b | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | - | | | | | |
| | organization meets the "facts-and-cire | | • | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | | | | ,,, 17 k | , | | |

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | qualify under the tests listed be ction A. Public Support | elow, please com | plete Part II.) | | | | |
|------------|---|--------------------|----------------------|------------------------|----------------------|----------------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (a) 2016 | (d) 2017 | (a) 2019 | (f) Total |
| | Gifts, grants, contributions, and | (a) 2014 | (b) 2015 | (c) 2016 | (u) 2017 | (e) 2018 | (f) Total |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| 2 | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | inoss under section 512 | | | | | | |
| 4 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| _ | or expended on its behalf | | | | <u> </u> | <u> </u> | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| h | 3 received from disqualified persons Amounts included on lines 2 and 3 received | | | | <u> </u> | <u> </u> | |
| L | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | | (-) 004.4 | (1-) 0045 | (-) 0040 | (-1) 0047 | (-) 0040 | (6) T-+-1 |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | | | | | | |
| IUa | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| • • • | Net income from unrelated business activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 40 | regularly carried on | | | | - | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organiz | zation, |
| <u></u> | | | | | | | <u> </u> |
| | ction C. Computation of Publi | | | | | T .= 1 | |
| | Public support percentage for 2018 (li | | | | | 15 | % |
| | Public support percentage from 2017 | | | | | 16 | <u>%</u> |
| <u>Sec</u> | ction D. Computation of Inves | | | | | T .= T | |
| 17 | . 0 | | | | | 17 | <u>%</u> |
| 18 | Investment income percentage from 2 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2018. If the | | | | | | |
| | more than 33 1/3%, check this box an | | | | | | |
| b | 33 1/3% support tests - 2017. If the | | | | | | |
| | line 18 is not more than 33 1/3%, chec | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | ▶∟ |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

| | Yes | No |
|------|-----|----|
| | | |
| 1 | | |
| | | |
| 2 | | |
| 3a | | |
| | | |
| 3b | | |
| | | |
| 3с | | |
| | | |
| 4a | | |
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| 4b | | |
| | | |
| 4c | | |
| | | |
| 5a | | |
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| 5c | | |
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| 6 | | |
| | | |
| 7 | | |
| 8 | | |
| | | |
| 9a | | |
| 9b | | |
| | | |
| 9с | | |
| | | |
| 10a | | |
| 10b | | |
| 100 | | |

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|--|-----------|---------------------------------------|----|
| | , it is a second of the second | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| ~ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | _ | | |
| 800 | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | ction E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | tructions | s). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | | | | |
| а | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| b | | Ja | | |
| S | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orgai | nizations | |
|------|---|------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 (explain in | Part VI.) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete Se | ections A through E. | 1 |
| Sect | ion 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 | | |
| Sect | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | y integrat | ed Type III supporting org | anization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2018

| Fai | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|-------|--|-------------------------------|-----------------------------------|----------------------------------|
| Secti | on D - Distributions | | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | าร | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | e | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | , | (i) | (ii) | (iii) |
| Secti | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| _1_ | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| ее | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

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

| | line 1; Pa Section | art IV, Secti | on D, lir | nes 2 and 3 | s; Part I\ | /, Section E, I | ines 1c, 2a, | 2b, 3a, | and 3b; Part | ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, t for any additional information. |
|-------|-----------------------|---------------|-----------|-------------|------------|-----------------|--------------|---------|--------------|---|
| Sched | ule A, | Part | II, | Line | 10, | Explar | nation | for | Other | Income: |
| misce | 11anec | ous re | venu | е | | | | | | |
| 2018 | Amount | : \$ | 5,0 | 00. | | | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Alliance For Children's Rights

Employer identification number 95-4358213

| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds o | or Accounts. Complete if the |
|-----|--|--|---|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised | d funds |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be us | sed only |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose co | onferring |
| | | | |
| Pai | | | rt IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | | |
| | Preservation of land for public use (e.g., recreation or | · — | cally important land area |
| | Protection of natural habitat | Preservation of a certified | ed historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified conservation contribution in the form of | |
| | day of the tax year. | | Held at the End of the Tax Year |
| | Total number of conservation easements | | |
| | Total acreage restricted by conservation easements | | |
| | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included in (c) acquired | | |
| _ | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the c | organization during the tax |
| | year - | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | Yes No |
| 6 | violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting | | |
| 6 | Starr and volunteer riours devoted to morntoning, inspecting. | , nationing of violations, and emorcing conse | rvation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | on easements during the year |
| • | S | uning of violations, and emoroning conservation | or casements during the year |
| 8 | Does each conservation easement reported on line 2(d) abo | ve satisfy the requirements of section 170(h) |)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservat | | |
| _ | include, if applicable, the text of the footnote to the organiza | • | |
| | conservation easements. | | 3 |
| Pai | t III Organizations Maintaining Collections o | of Art, Historical Treasures, or Oth | er Similar Assets. |
| | Complete if the organization answered "Yes" on Forn | n 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (As | SC 958), not to report in its revenue stateme | ent and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ex | hibition, education, or research in furtheranc | e of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | ribes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue statement a | nd balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | education, or research in furtherance of publi | c service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historical tree | easures, or other similar assets for financial g | gain, provide |
| | the following amounts required to be reported under SFAS 1 | 116 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | Assets included in Form 990, Part X | | |
| LHA | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Schedule D (Form 990) 2018 |

| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at) that apply): a Public exhibition b Scholarly research 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? Part IV Exorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Beginning belance 2 Beginning belance 3 Beginning of year balance 4 Destributions during the year 5 Ending balance 1 Destributions during the year 1 Destributions during the year 2 Beginning of year balance 3 Additions chargement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X Ine 10. 1 Beginning of year balance 3 A 550,000. 3 ,250,000. 4 Describitions 6 Other expenditures for facilities and programs 1 Describitions 2 Describitions 3 Describitions 4 Describitions 5 Describitions 5 Describitions 5 Describitions 5 Descr | | t III Organizations Maintaining C | Collections of Ar | | | or Othe | r Simila | | ts/contin | 9- |
|--|------------|--|--|-----------------------|---|---|-------------------|-------------|---------------|----------|
| check all that apply): a | 3 | | | - | | | | | | |
| a Public exhibition d | | | ori, aria otrior record | o, or look arry or ar | o ronowing tha | t are a er | grimodine | 400 01 110 | 0011001101 | Titorno |
| b Scholarly research c □ 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, of the organization solicit or receive conations of air, historical treasures, or other similar assets to be sold to raise funds a rather than to be maintained as part of the organization's collection? □ Yes □ No Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Beginning balance □ Beginning balance □ Beginning balance □ Beginning of year balance □ Beginning | _ | | d | L can or ov | chango progra | me | | | | |
| c | | | | | criarige progra | 1113 | | | | |
| 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 is collection? Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization and property and the arrangement in Part XIII and complete the following table: C Beginning balance Amount 1c | | | e | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed to chase funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X line 21. Is the organization an angent, flustees, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ine 21. Is the organization an angent, flustees, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ine 21. If "Yes," explain the arrangement in Part XIII and complete the following table: If Ending balance Id Id Id Id Id Id Id I | | _ | - 11 41 1 1 - 1 | | 41 | 1 | | i D | | |
| The part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21. Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X line 21. Tall Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X line 21. Tall Is the organization and agent in Part XIII and complete the following table: Complete Tall Is C | | | | | | | | ose in Par | I XIII. | |
| Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves | 5 | | | | | | | | ٦,, | |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Contributions 1a Beginning of year balance (a) Current year (b) Four year (c) Four year (c) Provinger (c) Two years back (d) Giftney years back (e) Four years back (e) Four years back 1b Contributions C Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 T remporally restricted endowment y6 T remporally restri | Do | | | | | | | | | |
| on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 22 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. a Beginning of year balance (a) Current year (b) Priory part (c) | Pai | | | ete if the organizati | on answered " | Yes" on | Form 990 |), Part IV, | line 9, or | |
| d Additions during the year 1d | | on Form 990, Part X? | | | | | | | Yes | ☐ No |
| C Beginning balance 1 | b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table: | | | | | | |
| d Additions during the year 1d 1e 1f 1d 1e 1f 1e 1e | | | | | | | | | Amount | t |
| e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [d] Three years back (d) Three years back (e) Four years back [d] Three years back (e) Four years back (e) Four years back (e) Four years back [d] Three years back (e) Four years back (e) | С | Beginning balance | | | | | . 1c | | | |
| f Ending balance | d | Additions during the year | | | | | . 1d | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | е | Distributions during the year | | | | | . 1e | | | |
| Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Describe in Part XIII. Check here if the explanation answered "Yes" on Form 990, Part IV, line 10. | f | Ending balance | | | | | . 1f | | _ | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back | 2 a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for escrow or | custodial acco | unt liabili | ty? | L | Yes | L No |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back and pack (d) Three years back and pack (d) Three years back and pack (d) T | | | | | | | | | | |
| 1a Beginning of year balance 3,250,000. 3,250,000. 3,250,000. 3,250,000. 3,000,000. 250,000. 3,000,000. C Net investment earnings, gains, and losses d Grants or scholarships | Par | t V Endowment Funds. Complete i | f the organization an | swered "Yes" on F | orm 990, Part | IV, line 1 | 0. | | | |
| b Contributions 250,000. c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 3,250,000. 3,250,000. 3,250,000. 3,250,000. 3,250,000. 3,250,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ 96 c Temporarily restricted endowment ▶ 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) rela | | | (a) Current year | (b) Prior year | (c) Two year | s back (| d) Three y | ears back | | |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 3,250,000. 3,250,000. 3,250,000. 3,250,000. 3,250,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations Sa(iii) X 3a(iii) X 3a(ii) X 3b | 1a | Beginning of year balance | 3,250,000. | 3,250,000 | 3,250 | ,000. | 3,2 | 50,000. | 3 , | ,000,000 |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 3,250,000. 3,250,000. 3,250,000. 3,250,000. 3,250,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100 ⋅ 00 % b Permanent endowment ▶ % Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations 3a(ii) X 3a(ii) X 3b X 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment 697,377. 556,149. 141,228. e Other. | b | Contributions | | | | | | | | 250,000 |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 3,250,000. 3,250,000. 3,250,000. 3,250,000. 3,250,000. 3,250,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 3,250,000. 3,250,000. 3,250,000. 3,250,000. 3,250,000. 3,250,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | d | Grants or scholarships | | | | | | | | |
| g End of year balance 3,250,000. | | I | | | | | | | | |
| g End of year balance 3,250,000. | | and programs | | | | | | | | |
| g End of year balance 3,250,000. | f | | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100 ⋅ 00 | | ı | 3,250,000. | 3,250,000 | . 3,250 | ,000. | 3,2 | 50,000. | 3 | ,250,000 |
| a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) X (ii) related organizations 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 5b Buildings 5c Leasehold improvements 697,377. 556,149. 141,228. 60ther | _ | · | | | | <u>, </u> | · · | | | |
| b Permanent endowment ▶ | а | | | | · // | | | | | |
| c Temporarily restricted endowment ▶ | | | % | - ' - | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(i) X 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other | | · ——— | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 697,377. 556,149. 141,228. e Other | · | | | | | | | | | |
| by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 697,377. 556,149. 141,228. e Other | 3a | | • | ation that are held | and administe | red for th | ne organiz | ation | | |
| (ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 697,377. 556,149. 141,228. e Other | oa | | 331011 Of the organiza | ation that are new | and administe | ica ioi ti | ic organiz | ation | Г | Ves No |
| (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | | • | | | | | | | 32(i) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other | | | | | | | | | `` | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 697,377. 556,149. 141,228. e Other | h | If "Vac" on line 30(ii) are the related erganize | ations listed as requir | an Cabadula D | | | | | 34(11) | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 697,377. 556,149. 141,228. | J A | | | | f | | | | Sb | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 697,377. 556,149. 141,228. | Par | t VI I and Ruildings and Equipm | e organization s endo | willetti turius. | | | | | | |
| Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other | ı aı | | |) Part IV line 11a | See Form 990 | Part Y | lina 10 | | | |
| basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | | | i | - | 1 | | | - d | (d) Pool | |
| 1a Land b Buildings c Leasehold improvements d Equipment 697,377. 556,149. 141,228. e Other | | Description of property | ` ' | 1 ' ' | | | | iu | (u) BOOR | Value |
| b Buildings c Leasehold improvements c Leasehold improvements 697,377. 556,149. 141,228. e Other 697,377. 556,149. 141,228. | 10 | Land | - ` | .5.76 | (30,101) | аср | . 50.4.1011 | | | |
| c Leasehold improvements 697,377. 556,149. 141,228. e Other 141,228. | | | | | | | | | | |
| d Equipment 697,377. 556,149. 141,228. e Other | | | | | | | | - | | |
| e Other | | | | | 97 377 | | 56 1 | 49 | 1 // | 1 228 |
| | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , , , , , , | | | _, |
| | | | | Y column (P) line | 100) | | | | 14 | 1 228 |

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 Alliance Fo | r Children's | Rights | 95-4358213 Page |
|--|----------------------------|---------------------------|-------------------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X | line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuatio | n: Cost or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) Equity Securities | 3,884,046. | | Market Value |
| (B) Fixed Income Securities | 4,221,288. | End-of-Year | Market Value |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | 0 105 224 | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 8,105,334. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuatio | n: Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. | | | |
| | on Forms 000 Dort IV line | 11d Coo Forms 000 Dod V | line 45 |
| Complete if the organization answered "Yes" | Description | Tru. See Form 990, Part A | (b) Book value |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> (5) | | | |
| | | | |
| <u>(6)</u> (7) | | | |
| (8) | | | |
| (9) | | | |
| Total, (Column (b) must equal Form 990, Part X, col. (B) line | e 15) | | |
| Part X Other Liabilities. | 0 10./ | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV. line | 11e or 11f. See Form 990. | Part X. line 25. |
| 1. (a) Description of liability | | (b) Book value | . a.c., |
| (1) Federal income taxes | , | . , | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

(8)

| Pai | t XI Reconciliation of Revenue per Audited Financial Statemer | nts W | ith Revenue per R | Retur | n. | | |
|--|---|---|-------------------|-------|-------------------|--|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 16,372,894. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | _ | | | |
| b | Donated services and use of facilities | 2b | 11,501,008. | _ | | | |
| | Recoveries of prior year grants | 2c | | _ | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | | |
| е | Add lines 2a through 2d | | | 2e | 11,745,229 | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,627,665. | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | 63,565. | 4 | | | |
| b | Other (Describe in Part XIII.) | 4b | | | 62 565 | | |
| С | Add lines 4a and 4b | | | 4c | 63,565 | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 4,691,230. | | |
| Pa | T XII Reconciliation of Expenses per Audited Financial Stateme | ents V | With Expenses per | Retu | ırn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | 1 1 1 1 1 0 0 1 0 | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 17,152,217. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | l 11 F01 000 | | | | |
| а | Donated services and use of facilities | | 11,501,008. | 4 | | | |
| | Prior year adjustments | 2b | | 4 | | | |
| | Other losses | 2c | | 4 | | | |
| | Other (Describe in Part XIII.) | | | - | 11 501 000 | | |
| _ | Add lines 2a through 2d | | | 2e | 11,501,008. | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,651,209. | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | Ι. | l 62 E6E | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | 63,565. | 4 | | | |
| | Other (Describe in Part XIII.) | | | - | 62 565 | | |
| c Add lines 4a and 4b 5. Table we are a Add lines 2 and 4a (This must equal form 900 Part I line 19) | | | | | | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 5,714,774. | | | | | | | |
| Part XIII Supplemental Information. Provide the descriptions required for Port II, lines 2, 5, and 0: Port III, lines 1e and 4: Port IV, lines 1b and 2b: Port V, line 4: Port V, line 2: Port VI | | | | | | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, | | | | | | | |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | | | | | | | |
| | | | | | | | |
| Part V line 4. | | | | | | | |
| Part V, line 4: | | | | | | | |
| In 2018, there was no allocation of unrestricted net assets to the | | | | | | | |
| III 2010, there was no allocation of unrestricted net assets to the | | | | | | | |
| endowment fund. The balance as of March 31, 2019 remained \$3,250,000. | | | | | | | |
| <u>C110</u> | Towner Luna: The balance as of March 51, 2 | 010 | TCMATHCA 95 | , 23 | 0,000. | | |
| | | | | | | | |
| | | | | | | | |
| Par | ct X, Line 2: | | | | | | |
| <u>- u</u> | ic A, Binc 2. | | | | | | |
| Tn | accordance with Financial Accounting Stand | lard | s Board ("FA | SB" |) | | |
| | decordance with imaneral necodifing beand | iai a | b boara (111 | | / | | |
| Acc | counting Standards Codification ("ASC") Top | oi c | No. 740 "In | COM | e Taxes " | | |
| 110 | sounding beandards codiffication (nbc / rop | | 110. 740, 111 | | ic ranco, | | |
| the | Alliance recognized the impact of tax pos | iti | ons in the f | ina | ncial | | |
| the Alliance recognized the impact of tax positions in the financial | | | | | | | |
| sta | atements if those positions will more likel | v t | han not to b | e s | ustained on | | |
| 200 | TOTAL TERMINE | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| and | dit, based on the technical merits of the p | osi | tion. The Al | lia | nce is | | |
| | | | | | | | |
| exe | empt from income taxes or not subject to in | COM | e taxes on 11 | nre | lated | | |
| exempt from fricome caxes of not subject to fricome caxes on unrelated | | | | | | | |

business income. The Alliance has no recognized/derecognized tax benefits

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Schedule G (Form 990 or 990-EZ) 2018

| | e for Children's R | . <u>rgn</u> | LS | | 95-4338 | <u> 413 </u> | | |
|--|--------------------|-------------------------------|--|-----------------------------------|--|---|--|--|
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | | | |
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a | | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundr have con contribu | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization | | |
| | | Yes | No | | | | | |
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| Гotal | | | • | | | | | |
| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Pa | art I | Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions. | - | | | | | | |
|-----------------|--|--|------------------------|-----------------------------|--------------------|---|--|--|--|
| | | or fundraising event contributions and gr | (a) Event #1 | (b) Event #2 | (c) Other events | 1 | | | |
| | | | Annual | | | (d) Total events (add col. (a) through | | | |
| | | | Dinner | Comedy Night | 3 | col. (c)) | | | |
| <u>e</u> | | | (event type) | (event type) | (total number) | COI. (C)) | | | |
| Revenue | 1 | Gross receipts | 1,710,412. | 203,734. | 105,959. | 2,020,105. | | | |
| | 2 | Less: Contributions | 1,395,077. | 128,488. | 90,762. | 1,614,327. | | | |
| _ | 3 | Gross income (line 1 minus line 2) | 315,335. | 75,246. | 15,197. | 405,778. | | | |
| | 4 | Cash prizes | | | | | | | |
| es | 5 | Noncash prizes | | | | | | | |
| xpense | 6 | Rent/facility costs | | | | | | | |
| Direct Expenses | 7 | Food and beverages | | | | | | | |
| _ | 8 | Entertainment | | | | | | | |
| | 9 | Other direct expenses | 21 - 22 - | 75,246. | 15,197. | | | | |
| | 10 | Direct expense summary. Add lines 4 through | | | > | 405,778. | | | |
| D | 11 | Net income summary. Subtract line 10 from li | | | | 0. | | | |
| Pá | art I | Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Forn | n 990, Part IV, line 19, or | reported more than | | | | |
| | <u> </u> | \$15,000 on Form 990-EZ, line oa. | | (b) Pull tabs/instant | | (d) Total gaming (add | | | |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) | | | |
| eve | | | | | | - | | | |
| <u>~</u> | 1 | Gross revenue | | | | | | | |
| | | | | | | | | | |
| es | 2 | Cash prizes | | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | | | |
| Direct | 4 | Rent/facility costs | | | | | | | |
| | 5 | Other direct expenses | | | | | | | |
| | 6 | Volunteer labor | Yes % No | Yes % No | Yes % No | | | | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | | | | |
| | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | | | | |
| • | _ | | | | | | | | |
| | | ter the state(s) in which the organization condu the organization licensed to conduct gaming a | - | states? | | Yes No | | | |
| | | | | | | . L res L NO | | | |
| | ' '' | No," explain: | | | | | | | |
| | _ | | | | | | | | |
| | | ere any of the organization's gaming licenses re | | - | • | Yes No | | | |
| b | lf " | Yes," explain: | | | | | | | |
| | | | | | | | | | |
| | _ | | | | | | | | |
| 8320 | 82 10 | 0-03-18 | | | Schedule G (For | rm 990 or 990-EZ) 2018 | | | |

Schedule G (Form 990 or 990-EZ) 2018

| Sch | edule G (Form 990 or 990-EZ) 2018 Alliance For Children's Rights 95-4 | 4358213 | Page 3 |
|-------|--|-------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| | An outside facility | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| • • • | Enter the harre and address of the person who propares the organization organization of garming operation of the person and resonation | | |
| | Name | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| k | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| | of gaming revenue retained by the third party \$ | | |
| | If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | | | |
| | Address > | | |
| 16 | Gaming manager information: | | |
| | Carring manager mornation. | | |
| | Name | | |
| | | | |
| | Gaming manager compensation > \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| | Mandatory distributions: | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | └── No |
| k | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| _ | organization's own exempt activities during the tax year ▶ \$ | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV | art III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| Schedule C | G (Form 990 or 990-EZ) | Alliance For | Children's Right | s | 95-4358213 Page 4 |
|------------|---|---------------------|------------------|---|-------------------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Info | rmation (continued) | | | |
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SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Alliance For Children's Rights

Employer identification number 95-4358213

| Pa | art I Questions Regarding Compensation | | | | |
|----|---|----|-----|----|--|
| | | | Yes | No | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | | |
| | Travel for companions Payments for business use of personal residence | | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | | |
| | | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | Х | | |
| | | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | |
| | Compensation committee Written employment contract | | | | |
| | Independent compensation consultant X Compensation survey or study | | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | | |
| | | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| | organization or a related organization: | | 7.7 | | |
| а | Receive a severance payment or change-of-control payment? | 4a | X | 37 | |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X | |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Δ. | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | |
| Ü | contingent on the revenues of: | | | | |
| а | The organization? | 5a | | Х | |
| h | Any related organization? | 5b | | X | |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | |
| · | contingent on the net earnings of: | | | | |
| а | The organization? | 6a | | Х | |
| b | Any related organization? | 6b | | X | |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | |
| | Regulations section 53.4958-6(c)? | 9 | | | |

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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

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

| | | (B) Breakdown of W-2 | W-2 and/or 1099-MI | and/or 1099-MISC compensation | (C) Retirement and | ible | (E) Total of columns | E |
|------------------------|------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------------|----------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| (1) Jennifer Braun | (i) | 212,450. | 0 | 0 | 0 | 15,590. | 228,040. | 0 |
| President & CEO | € | | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) Laurie Rubiner | Ξ | 178,830. | 0 | 0 | 0 | 0 | 178,830. | 0 |
| Former President & CEO | € | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Ξ | | | | | | | |
| | € | | | | | | | |
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Part III Supplemental Information

Schedule J (Form 990) 2018

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

| Part I, Line 4a: Per confidential agreement signed by the organization, the severance package paid to an employee is not open for public inspection but is available to the IRS upon request. | Schedule J (Form 990) 2018 |
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SCHEDULE L

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

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

Schedule L (Form 990 or 990-EZ) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Alliance For Children's Rights Employer identification number 95-4358213

| Pai | rt I Types of Property | | | | | | | |
|-----|---|-------------------------------|--------------------------------|---|---|-------------------|------|----|
| | | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | | _ | s |
| 4 | Art Morks of ort | | items contributed | Tomin 990, rait viii, line rg | | | | |
| 1 | Art - Works of art | | - | | | | | |
| 2 | Art - Historical treasures | | - | | | | | |
| 3 | Art - Fractional interests | X | | 13 721 | Fair market | 772 | 1110 | |
| 4 | Books and publications | - 21 | | 15,721. | rair market | va. | Luc | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | X | 5 | 64 656 | Fair market | 772 | 1,10 | |
| 9 | Securities - Publicly traded | Λ | | 04,030. | raii market | va. | Lue | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | X | 1 | 5,000. | Fair market | val | lue | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (Event Signage) | X | 1 | 750. | Fair market | val | lue | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation durin | g the tax year for c | contributions | | | | |
| | for which the organization completed Form 828 | 83, Part IV, | Donee Acknowled | gement 29 | | | | |
| | | | | | | \longrightarrow | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | on any property rep | ported in Part I, lines 1 throu | gh 28, that it | | | |
| | must hold for at least three years from the date | e of the initia | al contribution, and | d which isn't required to be υ | ised for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that r | equires the review | of any nonstandard contribu | utions? | 31 | | X |
| 32a | Does the organization hire or use third parties | or related or | rganizations to soli | cit, process, or sell noncash | | | | |
| | contributions? | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | or a type of propert | y for which column (a) is che | cked, | | | |
| | describe in Part II. | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Alliance For Children's Rights

Employer identification number 95-4358213

Form 990, Part I, Line 1, Description of Organization Mission: The Alliance for Children's Rights provides free legal services that bring stability to children living in poverty and in foster care, through adoption or guardianship and access to the healthcare, education, and resources they need to succeed in school and in life. For teens that age out of foster care without the safety net of a permanent family, the Alliance provides support, advocacy, and the tools they need to live independently.

Form 990, Part III, Line 4d, Other Program Services: Public Benefits and Services: Children in foster care have a tremendous need for a stable home. Caregivers, particularly relatives, who step up to provide for these children are often low-income and can become overwhelmed with their new responsibilities, putting that essential stability at risk. The Alliance obtains appropriate funding and services for these children so that caregivers can provide basic necessities and access critical services like specialized medical equipment and therapies, counseling, child care, educational services, and respite care. Securing these resources can often mean the difference between permanent, safe homes and struggling, unstable ones.

Healthcare: A child's illness can be emotionally and financially devastating for any family and, for families already living in poverty, the challenges are even greater. The Alliance helps children facing Medi-Cal eligibility problems, treatment denials, and inadequate access to physicians, dentists, and mental health services. The Alliance LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

in foster care.

Employer identification number

Alliance For Children's Rights 95-4358213

conducts training and support for medical and social service providers

on the needs and rights of foster youth and available resources. We

also protect the rights of expecting and parenting teens in foster care

to healthcare and sexual and reproductive education so that they have

the resources and supports they need to be good parents and break the

inter-generational cycle of children being removed from young parents

System-wide Reform and Advocacy: The Alliance works at the state and local levels to develop and implement policies and practices that improve children's lives and well-being. Through its work with a high volume of individual clients as well as through collaboration with legal services programs and support centers across the state, the Alliance is able to recognize trends, identify systemic issues and pursue reform through litigation, legislative or administrative advocacy in order to improve outcomes and promote the well-being of children and families.

Opportunity Youth Collaborative: The Los Angeles Opportunity Youth

Collaborative (LA OYC), led by the Alliance, is a collective effort to

improve the education and employment opportunities for transition age

foster youth from ages 14 to 24. Too often, efforts to support young

people's transition from foster care to independence fall short, due to

service gaps and lack of coordination among public and private

organizations. To overcome those gaps, the LA OYC brings together

public and private agencies, community-based organizations,

foundations, educational institutions, and employers to to address the

barriers that impede foster youth and create pathways for them to

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **Employer identification number** Alliance For Children's Rights 95-4358213 achieve success in school and at work. By coordinating resources; aligning services; sharing information; identifying best practices; incorporating the voices of foster youth in solutions that affect them; and building the capacity of agencies with training and support, the OYC is building partnerships to help foster youth succeed in education and careers.

Expenses \$ 2,216,391. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 2:

Cliff and Leslie Gilbert-Lurie are husband and wife. They both sit on the Board of Directors for The Alliance for Children's Rights.

Form 990, Part VI, Section B, line 11b:

The Audit Committee meets with the auditors to review and discuss a draft of form 990 and approves it before providing it to the Executive Committee and the entire Board of Directors for review.

Form 990, Part VI, Section B, Line 12c:

Annually at a Board meeting in September, the conflict of interest policy and a questionnaire are circulated to all board members and require a signature on the questionnaire page. The policy is also circulated to the staff and any subcontractors annually and requires a signature on the questionnaire page. If anyone records an interest, the President & CEO is notified and it is disclosed to the Executive Committee of the Board for any potential conflicts.

Form 990, Part VI, Section B, Line 15:

The process for determining compensation of the Chief Executive Officer and 832212 10-10-18

| Name of the organization Alliance For Children's Rights | Employer identification number 95-4358213 |
|--|---|
| key employees includes a review, discussion and approval | by the Executive |
| Committee of the Board of Directors who do not have a com | flict of interest |
| with respect to the compensation arrangement, and indepen | dent of the person |
| being compensated. The Executive Committee makes compens | ation decisions by |
| looking at comparability data, the skills and expertise of | f the executives |
| and the performance in meeting goals and expectations, an | d contemporaneous |
| substantiation of the deliberation and decision. | |
| Form 990, Part VI, Section C, Line 18: | |
| Form 1023 and all other informational return documents ar | e available to the |
| public on our website or through a public website. | |
| | |
| Form 990, Part VI, Section C, Line 19: | |
| The Alliance for Children's Rights makes its governing do | cuments, conflict |
| of interest policy, and financial statements available to | the public on |
| their website or upon request. | |
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