

OUR MISSION

Our mission is to promote mental well-being, and support Recovery for adults who have a mental illness; Resiliency for children and adolescents who have emotional/behavioral disorders; Everyday Lives for individuals who have developmental disabilities; and Independence for older adults and individuals with physical disabilities, by providing advocacy and culturally competent services.

LISTING OF PROGRAMS AND SERVICES PROVIDED BY THE ADVOACACY ALLIANCE

Adult Mental Health Advocacy

The Advocacy Alliance's advocates ensure that persons in the community who experience mental illness are heard, serve as their own spokespersons, and that the focus of their treatment, housing and employment is based on their individual needs for Recovery. Our advocates, including Certified Peer Specialists, also work at Clarks Summit State Hospital, with former patients of Allentown State Hospital and in community adult psychiatric in-patient units, helping to see that persons understand their rights, their rights are respected, and their services are helpful.

Contact Information for Adult Mental Health Advocacy Services:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Email: info@theadvocacyalliance.org

Court Appointed Special Advocate (CASA)

The goal of Lackawanna County CASA is to prevent abused, neglected, and abandoned children from becoming lost in the Juvenile Dependency system and working to find them safe, permanent homes as soon as possible. We work carefully to match a CASA volunteer with a child to ensure that the child's best interest is served.

Contact Information for Court Appointed Special Advocate (CASA):

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Email: info@theadvocacyalliance.org

Certified Health Insurance Marketplace Navigators

Our Certified Marketplace Navigators are trained to navigate the Health Insurance Marketplace and find health coverage options for individuals through the Marketplace, including completing eligibility and enrollment forms.

Contact Information for Certified Health Insurance Marketplace Navigators:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Child and Family Mental Health Advocacy

The Advocacy Alliance's Children's Mental Health Advocate works with families of children who have emotional/behavioral disorders to help them understand and ensure the protection of their rights in the children's mental health and other child-serving systems of care, as well as at the Youth Development Center at Hickory Run. Our advocate ensures that families' voices are heard and included in the dialogues on the regional, state, and federal levels, the results of which are policies and programs which affect children and their families.

Contact Information for Child and Family Mental Health Advocacy:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Email: info@theadvocacyalliance.org

Community Support Program

As Northeast Pennsylvania Region Coordinator for Community Support Program (CSP), the Advocacy Alliance's goal is to educate and to assist local communities in improving opportunities and services for persons who are involved with mental health and/or substance abuse issues. The CSP is a coalition of mental health consumers of services, family members, advocates and professionals who work together to ensure quality of life issues for persons who have a mental illness.

Contact Information for Community Support Program:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Email: info@theadvocacyalliance.org

Consumer/Family Satisfaction Teams

The Advocacy Alliance facilitates Recovery and Resiliency focused teams whose expressed purpose is to assess adults' and children's/adolescents' levels of satisfaction with the mental health and/or drug and alcohol services they receive, to inquire as to their wants and needs, and to learn what they think would help in the delivery of services. Survey teams are comprised of individuals and families of individuals who use mental health and/or substance abuse services.

Contact Information for Consumer/Family Satisfaction Teams:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Early Intervention Evaluation Teams

The Advocacy Alliance facilitates teams which include two of the following disciplines: occupational therapy; physical therapy; speech therapy; nursing; and special needs instructors. The teams evaluate children, from birth to 2 years and 9 month of age, to determine if they are eligible for early intervention services. The reasons for children are referred for an evaluation include: speech delay; motor delay; cerebral palsy; torticollis; down syndrome; sensory, behavior, hearing and vision concerns; dwarfism; and failure to thrive.

Contact Information for Early Intervention Evaluation Teams:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Email: info@theadvocacyalliance.org

Guardianship/Trust Services

When adults are adjudicated incapable, a Guardian of Estate is needed to manage the individuals' assets to assure that their needs are met and to protect them from designing persons. The Guardian of Person is needed to assist individuals to live in the least restrictive settings with the necessary support services that can enhance or maintain their care and safety. A Power of Attorney (POA) is a written legal document that allows an individual to appoint someone to be their agent in order to give the person authority to act on the individual's behalf.

The Advocacy Alliance staff provides these services in accordance with the national standards provided by the National Guardianship Association and by the mandates of the court under 20 Pa. Cons. Statue Section 5510 et seq.

The Advocacy Alliance administers Special Needs and other Trusts, including Payback Trusts and Common Law Special Needs Trusts, which are created for individuals who have disabilities who are often in need of preserving their governmental benefits. A trust can provide for supplemental needs to add to the beneficiary's quality of life and ensure the governmental benefits remain in force to provide basic support such as shelter, medical care, and maintenance.

Education Funded Special Needs Trusts are funded by a school district through litigation for educational needs and compensation. These trusts are defined by the trust agreement and if the monies are not spent, they return to the school district.

Currently the Advocacy Alliance is establishing a "Pooled Trust" or "OBRA Trust" for the benefit of individuals who have a disability. These trusts can be joined by the individual, a parent, grandparent, or ordered by the court and can be joined with small amounts of money but pooled to maximize earning potential through investments.

Contact Information for Guardianship/Trust Services:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Health Care Quality Units

The Advocacy Alliance facilitates Health Care Quality Units (HCQUs) which work to support and improve the developmental disabilities community service systems by building capacity and competency to meet the physical and behavioral health care needs of persons who have developmental disabilities. The primary activities of the HCQUs include: assessing the person's health and systems of care; providing clinical health care expertise to residential and day program providers; providing health related training; and integrating community health care resources with state and regional quality improvement structures and processes. The primary goal of the HCQUs is to assure that the persons served by developmental disabilities programs are as healthy as they can be, so that each person can fully participate in community life.

Contact Information for HCQUs:

Northeastern Pennsylvania HCQU

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Email: info@theadvocacyalliance.org

Eastern Pennsylvania HCQU

744 North 19th Street Allentown, PA 18104

Phone: 610-435-9050 or 877-315-6855

Fax: 610-435-9398

Email: info@theadvocacyalliance.org

South Central Pennsylvania HCOU

D1512 East Caracas Avenue

Hershey, PA 17033

Phone: 717-835-2275 or 877-315-6855

Fax: 717-835-2299

Email: info@theadvocacyalliance.org

Incident Management Services

Incident Management is a subset of a larger risk management process that ensures that the health, safety, and rights of persons receiving developmental disabilities and persons receiving mental health supports and services are respected.

Incident Management is a statewide process for reporting, categorizing and investigating incidents entered in the HCSIS (Home and Community Services Information System) Database System. All reports are reviewed in order to determine that appropriate actions have taken place to protect the individual receiving developmental disabilities and/or mental health supports and services.

Contact Information for Incident Management Services:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Independent Eligibility Team

The mission of our Independent Eligibility Team is to assist individuals with an intellectual disability and their families in determining their eligibility to receive services and supports. These services may provide the support you need to live at home with your family, live in your own home, find a job, spend time with family/friends and learn the skills you need to achieve a quality life. Registering for ID services is the first step in planning for a full and meaningful life.

Contact Information for Independent Eligibility Team:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Email: info@theadvocacyalliance.org

Independent Monitoring for Quality Teams

The Advocacy Alliance facilitates teams of consumers of developmental disabilities services, family members, and community volunteers who are dedicated to the continuous improvement of the quality of services and supports for persons who have developmental disabilities. The teams conduct surveys of consumers of develop-mental disabilities services, facilitate self-advocacy groups, speak with consumers of developmental disabilities services and family members to determine their levels of satisfaction with services, and educate the community.

Contact Information for Independent Monitoring for Quality Teams:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Email: info@theadvocacyalliance.org

Quality Assessment and Improvement Services

The Advocacy Alliance conducts the Office of Developmental Programs (ODP) Quality Assessment and Improvement (QA&I) function for Luzerne-Wyoming Counties Administrative Entity. The QA&I process is designed to conduct a comprehensive quality management review of providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders.

Contact Information for Quality Assessment and Improvement Services:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Recovery Center

The Recovery Center is person-driven center located in Scranton where persons receiving mental health services come together in an atmosphere of mutual support for the process of supporting their individual Recovery. The Center offers members an environment where they can enhance and expand activities of self-advocacy such as Peer Specialists Programs, Mental Health Advanced Directives, and Community Support Programs, as well as develop and implement educational programs on issues relating to mental wellness and Recovery.

Contact Information for Recovery Center:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Email: info@theadvocacyalliance.org

Representative Payee Program

The Advocacy Alliance's Representative Payee Program is a system of financial and budgetary management for persons who have a mental illness, persons who have developmental disabilities, and older adults who are unable to manage their monthly Social Security benefits, other benefits and financial affairs.

Contact Information for Representative Payee Program:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194

Email: info@theadvocacyalliance.org

WARM LINES Services

The WARM LINES are a confidential, one-on-one telephone support service for persons who have a mental illness and are experiencing sadness or loneliness or just want to share good news. It is staffed by trained persons who are in Recovery from a mental illness and who understand the needs of their peers.

Contact Information for WARM LINES Services:

846 Jefferson Avenue P. O. Box 1368 Scranton, PA 18501

Phone: 570-342-7762 or 1-877-315-6855

Fax: 570-207-9194



BOARD OF DIRECTORS TERMS OF OFFICE 2017-2018

Name	Year Elected	Term Ending
Edmund Abdo	1998	2019
James Bobeck	2004	2019
Eugene Boylan	2000	2019
Thomas P. Comerford	2011	2019
Michael P.Kelly	2007	2019
Thomas P. Leary	2004	2019
Harry Lindsay	2002	2020
Marge Matisko	2012	2020
Gary Pelucacci	2000	2019
Joseph Pierangeli	2006	2019
Marie Santilli	2005	2019
Thomas P. Smith, Psy.D.	2005	2018
Joseph Van Jura, Esq.	2006	2018
Carl J. Witkowski	1990	2020
Cynthia A. Yevich	2010	2019

Revised: May 12, 1977 Amended: May 29, 1979 Amended: June 4, 1980 Revised: May 14, 1987 Amended: May 22, 1990 Amended: May 12, 1993 Amended: May 26, 1994 Revised: May 14, 1998 Amended: June 11, 1998 Amended: May 4, 1999 Amended: March 13, 2003 Amended: September 9, 2004 Amended: May 24, 2007 Amended: November 13, 2008 Amended: November 12, 2009 Amended: March 17, 2011 Amended: December 1, 2013 Amended: April 2, 2014 Amended: May 12, 2016 Amended: March 9, 2017

THE ADVOCACY ALLIANCE

BYLAWS

ARTICLE I

Name, Area Served, and Office

Section 1.

- a. The name of this Organization shall be The Advocacy Alliance.
- b. The Alliance shall provide services in Pennsylvania and contiguous states.
- c. The headquarters and principal office of the Alliance shall be located within the Alliance service area.

ARTICLE II

Mission/Purposes

Section 1.

Mission

Promote mental well being, support Recovery for adults who have a mental illness, Resiliency in children and adolescents who have emotional disorders and Everyday Lives for persons who have developmental disabilities, and provide to them advocacy and culturally competent services.

Section 2.

Purposes

- 1. Provide community education to promote mental well being and knowledge of mental illness and developmental disabilities.
- 2. Improve attitudes toward mental illness and developmental disabilities and persons who have a mental illness and persons who have developmental disabilities.
- 3. Promote and support Recovery for adults who have a mental illness, a self-determined and holistic journey that persons undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members.
- 4. Promote and support Resiliency in children and adolescents who have emotional disorders, the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stressors, and to live productive lives
- 5. Promote and support Everyday Lives for persons who have developmental disabilities, having a self-determined life which is typical of the general population and includes: being part of the community; living among family and friends but having the option of living alone; feeling safe and secure; having choice in life decisions; having control over one's life; having dignity and status; and being recognized for abilities and gifts.
- 6. Promote and support cultural competence in services, treatment and Recovery, which are more effective when consumers and families fully engage in services that are compatible with their cultural values and world-views.
- 7. Protect and promote the rights of persons who have a mental illness and persons who have developmental disabilities.

- 8. Monitor mental health facilities and programs and provide advocacy when needed for persons who have a mental illness.
- 9. Influence the development and adoption and monitor the implementation of local, state and federal public policy affecting persons who have a mental illness and persons who have developmental disabilities.
- 10. Provide and improve services to persons who have a mental illness and persons who have developmental disabilities.
- 11. Collaborate with mental health/developmental disabilities and other advocacy/service providers to enhance service delivery to persons who have a mental illness and persons who have developmental disabilities.
- 12. Extend the availability of our services across the spectrum of human services systems.

ARTICLE III

Policies

Section 1.

The Alliance may maintain affiliations with local, state, and national coalitions and organizations upon such terms and conditions as the Board of Directors shall from time to time approve.

Section 2.

The Alliance may engage in the establishment of direct services as approved by a majority of a quorum of directors present at any meeting.

ARTICLE IV

Sole Member

Section 1. Sole Member

Human Services Corporation ("HSA"), a Pennsylvania not-for-profit corporation, is the sole corporate member of the Alliance.

Section 2. Reserved Powers

HSA has the following powers (the "Reserved Powers") and rights with respect to the Alliance:

- a. Approval of the Alliance's Articles of Incorporation and By-laws and any and all amendments to either of such documents;
- b. Approval of the appointment of the President/Chief Executive Officer of the Alliance including the right, after consultation with the Alliance Board of Directors, to terminate such appointment;
- c. Approval of the members of the Alliance Board of Directors provided that all such members duly appointed and serving at the time HSA becomes the Alliance's sole member shall be deemed approved by HSA through at least the balance of their then term of office;
- d. Approval of Alliance's budget, subsequent to its adoption by the Advocacy Alliance Board of Directors;
- e. The right to receive and review periodic financial reports of the Alliance at not less than sixty (60) day intervals;
- f. Approval of Alliance's borrowing of money or incurring an obligation [including transactions between other Sponsored Corporations (defined below)] in excess of an amount determined from time to time by HSA;
- g. Approval of the sale or other disposition by Alliance of assets having a fair market value in excess of an amount determined from time to time by the Corporation; and
- h. Selection of the accounting/auditing firm engaged to perform the annual audit of the financial statements of the Advocacy Alliance and the preparation of tax returns and related documents;
- i. Approval of any Operating Agreement entered into (or amended) by Alliance and another Sponsored Corporation.

For purposes of these By-laws, the term "Sponsored Corporation" means and refers to a not-for-profit corporation which has HSA as its sole member including, without limitation, Friendship House, a Pennsylvania not-for-profit corporation.

ARTICLE V

Board of Directors

Section 1. Function and Composition

The Board of Directors shall consist of no less than fifteen and no more than nineteen members who shall be elected by the Board of Directors. Directors shall be

elected with concern for cultural and ethnic diversity, constituent populations, and current service area. No person receiving monetary consideration for full or part time services rendered to the Alliance shall be eligible to serve as a member of the Board of Directors.

Section 2. Powers of the Board of Directors

The Board of Directors may exercise all powers of the corporation and do all lawful acts and things as allowed by statute, the Articles of Incorporation, these By-laws, or otherwise authorized to be done.

Section 3. <u>Tenure</u>

The Directors shall serve a term of three years. Directors shall rotate off the Board each year upon the expiration of their term unless re-elected. Directors may be elected to more than two three-year terms, however it is the policy of the Board of Directors to endeavor to continually introduce new membership to the Board of Directors with fresh ideas and new energy.

Section 4. <u>Election</u>

Prior to the Annual Meeting of the Board in May, the Nominating Committee shall deliver to the Board a list of individuals who are to be recommended to the Board for election to the Board and Directors who are recommended to the Board for election as Officers. After reviewing this list and making any additions or deletions, the Board of Directors will elect new Directors whose term of office shall commence at the Annual Meeting by a majority vote of a quorum present.

Section 5. Honorary Member of the Board of Directors

The Honorary members of the Board of Directors are elected for life. Such Honorary members shall be entitled to attend meetings of the Board of Directors and enter into discussion there at, but are not entitled to vote.

Section 6. Directors

A Director shall stand in a fiduciary relation to the corporation and shall perform his/her duties as a Director, including his/her duties as a member of any committee of the Board of Directors upon which he/she may serve, in good faith, in a manner he/she reasonably believes to be in the best interest of the corporation, and with such care, including reasonable inquiry, skill and diligence, as a person of ordinary prudence would use under similar circumstances. In performing his/her duties, a Director shall be entitled to rely in good faith on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by any of the following:

- a. One or more officers or employees of the corporation whom the Director reasonably believes to be reliable and competent in the matters presented.
- b. Counsel, public accountants or other persons as to matters which the Director reasonably believes to be within the professional or expert competence of such persons.
- c. A committee of the Board of Directors upon which he/she does not serve, duly designated in accordance with law, as to matters within its designated authority, which committee the Director reasonably believes to merit confidence.

A Director shall not be considered to be acting in good faith if he/she has knowledge concerning the matter in question that would cause his/her reliance to be unwarranted.

Section 7. <u>Permitted Considerations</u>

In discharging the duties of their respective positions, the Board of Directors, committees of the Board of Directors and individual Directors may, in considering the best interests of the corporation, consider the effects of any action upon employees, upon suppliers and customers of the corporation and upon communities in which offices or other establishments of the corporation are located, and all other pertinent factors.

Section 8. Presumption

Absent breach of fiduciary duty, lack of good faith, or self-dealing, actions taken as a Director or any failure to take any action shall be presumed to be in the best interests of this corporation.

Section 9. Limitation on Liability

A Director shall not be personally liable for monetary damages for any action taken, or the failure to take any action, unless the Director has breached or failed to perform the duties of his/her office and the breach or failure to perform the duties constitutes self-dealing, willful misconduct or recklessness.

Section 10. Removal

Any Director who fails to participate in four meetings of the Board and who fails to attend (in person) at least two meeting per fiscal year without an appropriate excuse may be removed by the Board. The seat of any such Director shall be deemed vacant. Such vacancy shall not occur unless and until the Director has received written notice by the Board of Directors through the President of the Board of Directors at least ten days in advance of the action of the Board of Directors and has the opportunity to be heard at the meeting at which such action occurs.

The Board of Directors shall have the power by a two-thirds majority vote of a quorum present at any regular/special meeting to remove any Director from office for proper cause. Such vacancy shall not occur unless and until such Director has received written notice from the President of the Board of Directors at least ten days in advance of the action of the Board of Directors and has the opportunity to be heard at the meeting at which the Board action occurs.

Section 11. Vacancies

A vacancy in an office or directorship shall be filled by the Board of Directors for the balance of the term in which such vacancy occurs by a majority vote of a quorum present at any regular/ special meeting.

Section 12. Special Advisors to the Board of Directors

Special Advisors shall be appointed by the Board of Directors. Special Advisors shall serve a term of three years. Special Advisors shall rotate off upon the expiration of their term unless reappointed. Special Advisors may be reappointed to more than two three-year terms. Special Advisors shall serve in a supporting role to the Board of Directors and the President/Chief Executive Officer. Special Advisors may have expertise in mental health (including being a family member and/or consumer of services), developmental disabilities (including being a family member and/or consumer of services), administrative, media, and other areas considered to be helpful to the Advocacy Alliance.

ARTICLE VI

Meetings of the Board of Directors

Section 1. Annual Meetings of the Board of Directors

The Annual Meeting of the Board of Directors shall be held in May of each year at which new Directors and officers shall be elected and the corporation's affairs shall be reviewed and evaluated.

Section 2. Regular Meetings of the Board of Directors

Regular meetings of the Board of Directors shall be normally held on the second Thursday of September, November, January, and March. Notice of these meetings shall be mailed to all members of the Board of Directors at least one week prior to the meeting. Matters other than those on the agenda may be considered at the meeting by agreement of a majority of a quorum.

Section 3. Special Meetings

Special meetings of the Board of Directors may be called by the President of the Board on his/her own motion or at the request of any seven Directors on a 24 hour notice to each Director personally or by mail, E-mail, facsimile, or telephone. Notice of a special meeting of the Board shall specify the date, place, and hour of the meeting and its purpose.

Section 4. Action by the Board of Directors

- a. <u>Electronic/Telephone Participation in Board Meetings</u>. One or more persons of the Board of Directors, or any committee thereof, may participate in a meeting of the Board of Directors by means of conference telephone, or other electronic technology, by means of which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this section shall constitute presence in person at the meeting.
- b. <u>Action of Board by Unanimous Written Consent.</u> Any action required or permitted to be approved at a meeting of the Board of Directors which may be approved without a meeting if a consent or consents to the action in record form as signed before, on, or after the effective date of the action by all of the Directors in office on the date the last consent is signed. The consent or consents must be filed with the secretary of the corporation.

Section 5. Quorum

At all meetings of the Board of Directors, one third of the Board of Directors in office shall constitute a quorum for the transaction of business and the acts of the majority of the Directors present at a meeting at which a quorum is present shall be the acts of the Board of Directors, except as may be otherwise specifically provided by statute, by the Articles of Incorporation or these By-Laws. If a quorum shall not be present at any meeting of the Board of Directors, the Directors present may adjourn the meeting.

ARTICLE VII

Officers of the Board of Directors

Section 1.

The Officers of the Board of Directors shall be Chair, Vice Chair, Treasurer, and Secretary. In addition thereto, there may be such assistant secretaries and/or treasurers as the Board of Directors may from time to time deem advisable.

Section 2.

All Officers shall be members of the Board of Directors and shall be elected by the Board of Directors at the Annual Meeting to serve for a term of one year. If the term of any officer becomes vacant, such vacancy shall be filled by the Board of Directors. He/she shall fill the unexpired term. No officer shall serve in the same office for more than two successive terms. A Director must be a member of the Board of Directors for at least one year before being eligible for any office of the Board of Directors.

Section 3.

The Officers shall have those duties normally ascribed to such offices, shall perform those duties prescribed by these By-laws, and shall assume such additional duties as may be directed by the Board of Directors or the Executive Committee.

Section 4.

The *Chair* shall preside at all meetings of the Board of Directors, and shall be an exofficio member of all committees except the Nominating Committee. The Chair, with the advice and consent of the Board of Directors, shall appoint the chairperson of all committees except the Nominating Committee. The Chair shall be responsible for the evaluation of the President/Chief Executive Officer.

Section 5.

The <u>Vice Chair</u> shall be responsible to the Chair and shall assume such duties as the Chair shall direct in the absence or inability of the Chair to discharge the duties of the office, such duties shall be performed by the Vice Chair.

Section 6.

The <u>Secretary</u> shall assure that the minutes of the meetings of the Board of Directors, and the records of the Alliance are kept and shall see that all notices are duly given in accordance with the provisions of the By-Laws or as required by law.

Section 7.

The <u>Treasurer</u> shall have charge of all funds of the Alliance and shall keep regular books of account. The Treasurer shall perform all duties incident to his/her office or that are required of him/her by the Board of Directors. All drafts shall be signed by any two of the following: Treasurer; Chair; or President/Chief Executive Officer.

ARTICLE VIII

Committees

Section 1.

The chairperson of each committee except for the Nominating Committee shall be appointed by the President from among the members of the Board of Directors. Committee members shall be appointed by the President. Committee members may include both members of the Board of Directors and non-Directors. The majority of the members of each Committee shall constitute a quorum, and the act of a majority of a quorum present at a meeting of such Committee shall constitute the act of such Committee.

Section 2.

The <u>Executive Committee</u> shall be composed of the Officers of the Board of Directors and the chairpersons of the standing committees. The Executive Committee, on behalf of the Board of Directors shall have the power to transact such business as may be required between meetings of the Board of Directors. All transactions of this Committee shall be reported in full at the next regularly scheduled meeting of the Board of Directors for appropriate action.

Section 3.

The following standing Committees shall be created:

Audit; Nominating; and Personnel.

Section 4.

The <u>Audit Committee</u> will arrange for an audit by an independent Certified Public Accountant. The Committee shall report to the Board of Directors.

Section 5.

The <u>Nominating Committee</u> comprised of at least three Directors shall be nominated and elected by the Board of Directors at the March meeting. The members of the Nominating Committee shall submit their report of nominations at the Annual Meeting. The Nominating Committee shall nominate a candidate for each office and directorship to be filled at the Annual Meeting. Nominations for Officers shall be made from among members of the Board of Directors. The Nominating Committee shall secure the consent of each nominee to serve, if elected. Additional nominations for Officers and Directors may be made from the floor provided the consent of nominee to serve, if elected, has been secured. The

Nominating Committee shall also submit a report to the Board of Directors to fill vacancies which may occur.

Section 6.

The <u>Personnel Committee</u> shall consider and recommend to the Board the establishment of all personnel policies, organizational requirements and job descriptions. The Committee shall report to the Board of Directors.

Section 7.

<u>Ad Hoc Committees</u>, other than the Standing Committees, may be constituted, from time to time, by the Chair for the purpose of performing specific functions outside the scope of the Standing Committees. The Chair shall determine the size of such Ad Hoc Committees and the terms of their existence, and shall appoint the chairperson and members thereof. The Committees shall report to the Board of Directors.

ARTICLE IX

Chief Executive Officer

Section 1.

The President/Chief Executive Officer shall be employed by and responsible to the Board of Directors and serve for such compensation and for a period of time as may be mutually agreed upon. He/she shall report to the Board of Directors and shall review, approve and forward all information passing from the Alliance's staff to the Board of Directors. The President/Chief Executive Officer shall be responsible for:

- a. Providing leadership and management to ensure that the mission, goals, objectives and core values of the Alliance are put to practice;
- b. Spearheading the development, communication and implementation of effective service delivery, growth strategies and practices;
- c. Establishing credibility throughout the Alliance and with the Board of Directors as an effective developer of solutions to challenges;
- d. Collaborating with the Executive Team to develop and implement plans for the operational infrastructure of systems processes and personnel designed to accommodate service delivery and growth strategies;
- e. Fostering a success-oriented, accountable environment;

- f. Representing the Alliance with consumers, families, community agencies, professionals and funding sources; and
- g. Performing other duties as assigned.

Section 2.

The President/Chief Executive Officer shall also be responsible for the formulation of the budget for the operation of the Alliance and may consult with the Treasurer with respect thereto. He/she shall have control of the Alliance's expenditures within the approved budget for administration of all agency programs and services. The President/Chief Executive Officer shall attend the meetings of the Board of Directors to make such reports as necessary.

ARTICLE X

Indemnification of Officers and Directors

Directors shall be protected under the provisions of 15Pa.C.S.A. Section 5713 specifically, the Act provides that a director of a non-profit corporation shall not be personally liable for monetary damage for any action taken unless:

- a. The director has breached or failed to perform the duties of his office under this Subchapter.
- b. The breach or failure to perform constitutes self-dealing, willful misconduct or recklessness.

Section 1. Right to Indemnification

The corporation shall indemnify any Director and may indemnify any employee or member of the staff who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceedings, whether civil, criminal, administrative, or investigative, by reason of the fact that such person is or was a Director or employee of the corporation, is or was serving at the request of the corporation as a Director or employee of another organization or another corporation, partnership, joint venture, trust, or other enterprise including an employee benefit plan or is or was an administrator, Director or other fiduciary of one or more of such employee benefit plans of the corporation or another organization as may have been in effect, against expenses (including attorneys' fees), judgments, fines, and amounts paid in settlements actually and reasonably incurred by such person in connection with such action, suit or proceeding, whether or not the indemnified liability arises or arose from any threatened, pending or completed action by or in the right of the corporation, to the extent that such person is not insured or otherwise indemnified and the power so to indemnify has been or continues to be granted by statute, and is not otherwise prohibited by applicable law.

Section 2. Advance of Expenses

The corporation shall pay expenses incurred by a Director, and may pay expenses incurred by any employee or member of the staff in defending a civil or criminal action, suit or proceeding in advance of the final disposition of such action, suit or proceeding upon receipt of an undertaking by or on behalf of the Director or employee to repay such amount if it shall ultimately be determined that such person is not entitled to be indemnified by the corporation.

Section 3. Procedure for Determining Permissibility

To determine whether any indemnification or advance of expenses under this Article is permissible, the Board of Directors, by a majority vote of a quorum consisting of Directors not parties to such action, suit, or prodding may, and request of any person seeking indemnification or advance of expenses shall be required to, determine in each case whether the applicable standards in any applicable statute have been met, or such determination shall be made by independent legal counsel if such quorum is not obtainable, or even if obtainable, a majority vote of a quorum of disinterested Directors present at any meeting so directs, provided that if there has been a change in control of the corporation between (i) the time of the action or the failure to act giving rise to the claim for indemnification or advance of expenses; and (ii) the time such claim is made, then at the option of the person seeking indemnification or advance of expenses such determination shall be made by independent legal counsel.

Section 4. Contractual Obligations

The obligations of the corporation to indemnify a Director under this Article, including the advancement of expenses when so determined, shall be considered a contract between the corporation and such Director, and no modification or repeal of any provision of this Article shall affect, to the detriment of the Director, such obligations of the corporation in connection with a claim based on any act or failure to act occurring before such modification or repeal.

Section 5. Indemnification Not Exclusive

The foregoing indemnification and advancement of expenses shall not be deemed exclusive of any other rights to which one indemnified may be entitled, under any agreement, vote of the Board of Directors or otherwise, both as to action in such person's official capacity and as to action in another capacity while holding such Directorship, and shall inure to the benefit of the heirs, executors, and administrators of any such person.

Section 6. Insurance, Security, and Other Indemnification

The Board of Directors shall have the power to: (i) authorize the corporation to purchase and maintain, at the corporation's expense, insurance on behalf of the corporation and on behalf of others to the extent that power to do so has been or may be granted by statute; (ii) create any fund of any nature, whether or not under the control of a Director, or otherwise secure any of its indemnification obligations; and (iii) give other indemnification to the extent not prohibited by statute.

ARTICLE XI

Conflict of Interest Policy

I. Background

An officer, director, key employees or member of a committee with governing board delegated powers (i.e., interested person) carries with it a duty of loyalty to the goals, programs, and business interests of the Advocacy Alliance and requires good faith and fair dealing with regard to the Advocacy Alliance. Among other things, personal involvement with any outside entity or individual which results in conduct of the type described below is in conflict with this responsibility:

- a. Competing against the Advocacy Alliance or an affiliate or depriving the Advocacy Alliance or an affiliate of any business opportunity, in either case without the knowledge and consent of the Advocacy Alliance or Affiliate, as applicable;
- b. Realizing personal financial gain from a transaction with the Advocacy Alliance or an affiliate at the expense of the Advocacy Alliance or affiliate without the knowledge and consent of the Advocacy Alliance or affiliate, as applicable; and
- c. Conduct which has the potential to adversely impact the Advocacy Alliance or an affiliate.

Accordingly, no interested person may enter into any transaction or arrangement with any outside party, either directly or indirectly, which will result in personal benefit to such individual at the expense of the Advocacy Alliance or an affiliate without the knowledge and consent of the Advocacy Alliance or an affiliate, as applicable. Individuals who violate this policy are, among other things, subject to loss of their appointment to the board or applicable committee or their appointment as an officer.

II. <u>Purpose</u>

The purpose of the conflict of interest policy is to protect the Advocacy Alliance's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an interested person or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

III. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which the Alliance has a transaction or arrangement,
- b. A compensation arrangement with the Alliance or with any entity or individual with which the Alliance has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Alliance is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

IV. Procedures

Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial or other interest (e.g,I (a)), and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

Determining Whether a Conflict of Interest Exists

After disclosure of the financial or other interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

V. Procedures for Addressing the Conflict of Interest

- a. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- b. The chair of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c. After exercising due diligence, the governing board or committee shall determine whether the Alliance can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Alliance's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

VI. <u>Violations of the Conflicts of Interest Policy</u>

- a. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member of an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

VII. Records of Proceedings

The minutes of the governing board and all committees with board delegated powers shall contain:

a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the

- governing board's or committee's decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

VIII. Annual Statements and Disclosure

Each interested person shall annually sign a statement which affirms such person:

- a. Has received a copy of the conflicts of interest policy;
- b. Has read and understands the policy;
- c. Has agreed to comply with the policy; and
- d. Understands the Advocacy Alliance is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

ARTICLE XII

Nondiscrimination Policy

Section 1.

The Alliance shall not discriminate on the basis of race, color, religious creed, ancestry, union membership, age, sex, sexual orientation, national origin, or mental or physical challenge.

Section 2. Compliance

Compliance with the Pennsylvania Human Relations Act (43 P.S. Sections 951-963) shall constitute compliance with this paragraph.

Section 3. Application

This policy shall apply to any person served, membership on the Board of Directors, and staff employment.

ARTICLE XIII

Amendments to By-laws

Section 1.

These By-Laws may be amended at any Annual, Regular, or Special Meeting of the Board of Directors. All proposed amendments must first be presented in writing to the Board of Directors and must be approved by a majority vote of a quorum present at any Annual, Regular, or Special Meeting duly convened after notice to the Directors of that purpose.

ARTICLE XIV

Procedure

Section 1.

Robert's Rules of Order Revised shall govern the Board of Directors in all cases to which they are applicable and in which they are not inconsistent with these By-Laws.

ARTICLE XV

Non-Profit Status and Dissolution

Section 1.

The Alliance shall be a non-profit corporation. No part of the earnings, contributions or other property shall inure to the benefit of any Director. Dissolution of this corporation may occur only in accordance with Pennsylvania statutes, and in the event of such dissolution, all property of the Alliance shall be distributed to the United Way of Lackawanna County under Section 501(c) (3) of the Internal Revenue Code of 1954, or such corresponding provision as may be then in effect, as may be determined by the Board of Directors.



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THE ADVOCACY ALLIANCE SCHEDULE OF FORECASTED OPERATING REVENUES AND EXPENDITURES FOR THE YEAR ENDED JUNE 30, 2017

		APPROVED 3Y 6/30/17
PROGRAM SERVICE REVENUES:		
Health Care Quality Units (HCQUs)	\$	2,170,100 1,312,700 762,800 490,600 444,800 509,200 300,000 120,000 793,700
		6,903,900
Total program service revenues EXPENDITURES:	•	0,000,000
Personnel expenses		5,388,100 359,800 193,900 197,600 135,700 91,800 97,600 107,000 68,200 62,100 22,000 4,000 7,000 2,300 6,737,100
Excess operating income		166,800
Other Income (Expenses): Management services		105,600 46,100 26,000 (7,000) 22,000 (7,000) 185,700 352,500
CAPITAL EXPENDITURES		(90,000)
EXCESS REVENUES	\$	262,500

THE ADVOCACY ALLIANCE

FINANCIAL STATEMENTS
FOR THE YEARS ENDED
JUNE 30, 2016 AND 2015
AND
INDEPENDENT AUDITORS' REPORT
AND
SUPPLEMENTAL INFORMATION

THE ADVOCACY ALLIANCE

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
The Advocacy Alliance

Report on the Financial Statements

We have audited the accompanying financial statements of The Advocacy Alliance (a nonprofit organization), which comprise the statement of financial position as of June 30, 2016 and 2015, and the related statements of activities, and cash flows for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Advocacy Alliance as of June 30, 2016 and 2015 and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards as required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, is presented for the purposes of additional analysis and is not a required part of the financial statements of the Alliance. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing standards applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued a report dated November 29, 2016 on our consideration of The Advocacy Alliance's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering The Advocacy Alliance's internal control over financial reporting and compliance. That report is issued in a separately bound Single Audit Report.

Dunmore, Pennsylvania

Michael S. Parloth, LIC

November 29, 2016

THE ADVOCACY ALLIANCE

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2016 AND 2015

JOINE 30, 2010 AND 2013			
ASSET	S		
<u> </u>	<u>2016</u>	<u>2015</u>	
CURRENT ASSETS:			
Cash	\$ 1,520,874	\$ 816,130	
Accounts receivable	1,015,358	1,352,416	
Mortgage receivable - current portion	65,995	32,506	
Other current assets	51,923	110,573	
Prepaid expenses	30,715	26,395	
Total Current Assets	2,684,865	2,338,020	
PROPERTY AND EQUIPMENT, NET	2,233,772	2,350,314	
OTHER ASSETS:			
Investments	768,021	744,980	
Investments - deferred compensation	204,970	182,556	
Due from Friendship House	73,627	62,655	
Mortgage receivable - long term portion	101,499	167,494	
Security deposits	1,245	1,245	
Total Other Assets	1,149,362	1,158,930	
TOTAL	\$ 6,067,999	\$ 5,847,264	
<u>LIABILITIES AND</u>	NET ASSETS		
OUDDENIE I LADII IEEE.			
CURRENT LIABILITIES:	\$ 75,301	\$ 172,457	
Accounts payable	21,380	55,648	
Accrued wages and taxes	96,639	97,091	
Accrued retirement plan	173,106	167,530	
Accrued compensated absences	32,867	18,652	
Other current liabilities	675	675	
Deferred revenue			
Total Current Liabilities	399,968	512,053	
OTHER LIABILITIES:			
Deferred compensation	204,970	182,556	
Total Liabilities	604,938	694,609	
NET ASSETS:			
Unrestricted	5,463,061	5,152,655	
ТОТАІ	\$ 6,067,999	\$ 5,847,264	
TOTAL	φ 0,007,777	ψ 3,047,204	

THE ADVOCACY ALLIANCE

STATEMENTS OF ACTIVITIES

FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
UNRESTRICTED REVENUES:		
Program Service Revenues, Net	\$5,182,513	\$ 5,287,821
Representative Payee Service Fees	1,132,989	926,762
Fiduciary Fiscal Agent Fees	403,770	299,219
Total Unrestricted Revenues	6,719,272	6,513,802
UNRESTRICTED EXPENDITURES:		
Program services:		
Healthcare Quality Units	2,118,427	2,119,349
Representative Payee	1,120,795	1,009,979
Consumer Satisfaction Team	583,582	522,594
Independent Monitoring Team	388,037	435,947
Fiduciary Fiscal Agent	295,792	334,500
Incident Management	516,355	440,157
Early Intervention	267,758	284,612
Warm Line	84,834	138,975
Adult Advocacy	119,548	85,081
Other Program Services	495,351	558,692
Health Care Navigator	122,936	95,084
Recovery Center	72,604	62,411
Child Advocacy	40,541	48,704
Total Program Services	6,226,560	6,136,085
Supporting services:		
Management and General	342,115	248,276
Total Unrestricted Expenditures	6,568,675	6,384,361
Total Program Service Revenue	150,597	129,441
OTHER REVENUES (EXPENSES):		
Management Services	55,745	-
Contributions	16,971	371
Investment Return	12,512	4,525
Other Income	26,760	12,755
Rental Income, net of expenses	34,875	20,383
Contribution to others	(6,585)	(4,773)
Gain on Sale of Fixed Assets	<u> </u>	4,075
Total Other Revenues, Net	140,278	37,336
CHANGE IN NET ASSETS	290,875	166,777
NET ASSETS, BEGINNING, AS RESTATED	5,172,186	4,985,878
NET ASSETS, ENDING	\$5,463,061	\$ 5,152,655
See accompanying notes.	,	(continued)

STATEMENTS OF PROGRAM REVENUES AND EXPENSES

FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

	д -	Healthcare Quality <u>Units</u>	Repi	Representative <u>Payee</u>	Con Satisi <u>Te</u>	Consumer Satisfaction <u>Team</u>	Independent Monitoring Team	Œ, ´	Fiduciary Fiscal <u>Agent</u>	Man	Incident Management	<u>да</u> ।	Early Intervention	Warm Line	
UNRESTRICTED REVENUES	60	2,185,496	6-5	1,281,598	8	774,214 \$	461,071	69	459,621	85	518,167	69	256,201 \$	89,214	14
UNRESTRICTED EXPENSES:															
Salaries and wages	69	1,389,096	64	641,855	64	366,675 \$	260,383	69	208,190	64)	326,280	69	189,660 \$	67,263	63
Payroll taxes		117,622		59,836		34,196	26,311		18,846		29,467		18,522	8,1,	49
Employee benefits		243,061		177,022		73,961	43,784		26,706		63,369		32,322	5,828	28
Professional and casual services		86,187		36,424		14,107	10,441		14,026		14,732		6,185	1,8	96
Occupancy		76,506		24,103		15,971	1,225		2,533		9,139		2,319	•	
Denreciation		ı				•	4				1		,	•	
Telenhone		33,182		27,234		16,615	3,184		2,978		20,433		7,393	7	187
Auto and travel		69,045		4,044		22,705	22,825		5,085		27,892		5,726	73	229
Office supplies		34,966		18,822		8,098	3,279		3,274		8,796		1,765	Š	520
Equipment repairs and services		34,077		16,057		7,089	3,802		3,819		5,881		2,159	4	442
Postage		(1,466)		82,232		4,973	1,221		5,524		358		63		14
Conferences and meetings		15,268		3,226		5,674	7,956		2,220		7,625		498	7	136
General insurance		9,642		2,768		275	430		1		1,031		174	•	
Educational programs/materials		663		ι		ı	ı		١		ì		41	,	
Advertising		170		103		246	31		327		42		380		7
Miscellaneous		855		523		78	327		35		82		79		10
Dues		2,341		623		311	223		459		327		135		43
Seminars		1,149		34		19	433		6		19		∞		m
Printing		2,673		22,399		12,073	2,053		1,074		727		268		95
Bank charges		480		4		18	29		•		69		*	•	
Friendship "7"		•		1		ŧ	ı		•		•		ı	•	,
Other taxes		ı		ı		•	1		23		•		•	•	
Consumer expenses		22		2,878		9	4		627		5		ĸ		_
Program supplies		2,888		809		492	96		37		81		58		11
Seed and Outreach grants		•					•		1		1			•	
TOTAL	€9	2,118,427	∞	1,120,795	69	583,582 \$	388,037	69	295,792	€	516,355	8	267,758 \$	84,834	334
Change in Net Assets	\$	67,069	S	160,803	8	190,632 \$	73,034	8	163,829	⇔	1,812	89	(11.557) \$		4,380

(continued)

STATEMENTS OF PROGRAM REVENUES AND EXPENSES

FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

	Add	Adult <u>Advocacy</u>	Other Se	Other Program <u>Services</u>	Health Care <u>Navigator</u>	Recovery <u>Center</u>	Child <u>Advocacy</u>	Management and <u>General</u>	<u>TOTAL</u>	<u>AL</u> 2015
UNRESTRICTED REVENUES	69	119,696	€9	313,921 \$	132,973 \$	69,700	\$ 57,400	·	\$ 6,719,272	\$ 6,513,802
UNRESTRICTED EXPENSES:	•	6	•			803 40	30.318	ACT 53 3	\$ 4 045 069	\$ 3 926 263
	·^	85,239	·A	501,569	90,389	37,008	23,316			
		510,7		20,407	10.751	5,304	6 799	12.317	756.188	655,837
2000		2,437		53,459	3.015	2,375	892	41,930	289,106	240,204
Professional and casual selvices		738		3,423	725	8.657		12,276	157,320	164,467
		} '		20,5		1	•	163,101	163,101	170,549
		1 739		12,296	1.496	2.833	69		129,639	133,023
		4 681		13.841	1.621	166	261	•	178,121	170,478
		777		5.971	2.587	4,378	255	•	93,486	78,256
Office supplies Rounment renairs and services		618		6.673	1,361	1,501	211		83,690	108,842
2011		40		1.985	47	9	110		95,107	101,854
Losings Conferences and meetings		164		10,521	581	830	158	•	54,857	79,285
ò		1		808	*	•	1	44,938	990'09	64,859
Educational programs/materials		1			•	3	•	•	704	14,670
		10		39	212	9	ς	•	1,576	8,272
		13		170	13	57	∞	•	2,250	24,158
		09		1.623	62	203	20	,	6,430	6,894
		, 4		415	15	2	-	,	2,111	389
		158		983	1,415	57	50	t	44,041	43,678
		3.0%		6	, 1		,	9,552	10,191	6,054
		;		•		3,311	,	•	3,311	4,275
					•	. •	•	120	143	205
		,		, ,	,	3.5	1		6 225	7.924
		⊣		7,042	-		,		14.411	1 890
		71		8,530	228	1,506	C	•	114,411	7,670
Seed and Outreach grants		•		3,663	•	1		1	3,003	
	€5	119,548	65	495,351 \$	122,936	\$ 72,604	\$ 40.541	\$ 342,115	\$ 6.568,675	\$ 6.384,361
	é	148	÷	(181 430)	10.037	\$ (2,904)	\$ 16,859	\$ (342,115)	\$ 150,597	\$ 129,441
Change in Net Assets	A	140	١		100,01					

(concluded)

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

		2016		<u>2015</u>
CASH FLOWS FROM OPERATING ACTIVITIES:				
Change in net assets	\$	290,875	\$	166,777
Adjustments to reconcile change in net assets				
to net cash provided (used) by operating activities				
Depreciation		163,101		170,549
Unrealized and realized losses on investments		14,160		21,813
Changes in assets and liabilities:				
(Increase) decrease in accounts receivable		337,058		(384,826)
Decrease in bequest receivable		_		38,977
(Increase) decrease in other current assets		58,650		(28,036)
Increase in prepaid expenses		(4,320)		(26,395)
(Increase) decrease in due from Friendship House		(10,972)		1,453
Increase (decrease) in accounts payable		(97,156)		85,236
Decrease in accrued wages and taxes		(34,268)		(26,159)
Decrease in accrued pension		(452)		(4,598)
Increase in accrued compensated absences		5,576		13,753
Decrease in deferred revenue		-		(6,447)
Decrease in advance from County program				(60,000)
Increase (decrease) in other current liabilities		14,215		(30,062)
Net Cash Provided (Used) by Operating Activities		736,467		(67,965)
CASH FLOWS FROM INVESTING ACTIVITIES:				
Capital expenditures		(46,559)		(371,161)
Purchase of investments		(17,670)		(18,141)
Net Cash Used by Investing Activities	•	(64,229)		(389,302)
Net Cash Osed by investing Activities		(04,227)	-	(507,502)
CASH FLOWS FROM FINANCING ACTIVITIES:				
Repayments (Loans) - Mortgage - Friendship House		32,506		(200,000)
NET INCREASE (DECREASE) IN CASH		704,744		(657,267)
CASH AT BEGINNING OF YEAR		816,130		1,473,397
CASH AT END OF YEAR	\$	1,520,874	<u>\$</u>	816,130

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2016 AND 2015

NOTE 3 FAIR VALUE MEASUREMENTS (Continued)

Equity securities should be disclosed by major security type, determined based on the nature and risks of the security and consider the activity or business sector, vintage, geographic concentration, credit quality, or economic characteristic for particular security types. Management has decided to omit this information.

NOTE 4 DEMAND NOTE

As of June 30, 2016 and 2015, the Alliance has available two demand notes with Fidelity Deposit & Discount Bank with a maximum credit of \$800,000. The lines are subjected to an interest rate ranging from 3.50% to 4.00% and are secured by real estate. At June 30, 2016 and 2015, there were no borrowings against either line of credit. The demand notes renew annually.

NOTE 5 INVESTMENT RETURN

Investment return consists of the following components:

	<u>2016</u>	<u>2015</u>
Interest and dividend income	\$ 26,671	\$ 26,337
Unrealized / realized gains (losses)	(14,159)	(21,812)
Total Investment Return	<u>\$ 12,512</u>	\$ 4,525

NOTE 6 OPERATING LEASES

The Alliance is obligated under various lease agreements for the rental of vehicles and office facilities. These leases have been reported as operating leases and are included in the Statement of Activities as Occupancy expenses.

Rental expense under these operating leases for the years ended June 30, 2016 and 2015 amounted to \$86,489 and \$85,789, respectively.

The minimum future rental payments for which the Alliance is obligated under the terms of these operating lease agreements is as follows:

<u>June 30</u>	<u>Amount</u>
2017	\$ 56,640
2018	58,020
2019	<u>47,940</u>
Total	<u>\$ 162,600</u>

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2016 AND 2015

NOTE 7 RETIREMENT PLAN

The Alliance maintains a noncontributory defined contribution retirement plan for full-time and part-time employees who have worked at least two (2) years. The employee must be twenty-one (21) years of age. Employees working less than twenty (20) hours per week are excluded from the retirement plan. Contributions are based on seven (7) percent of gross wages of eligible employees. Total retirement expense for the years ended June 30, 2016 and 2015 was \$193,407 and \$199,335 respectively.

NOTE 8 DEFERRED COMPENSATION

The Alliance has a 457(b) salary deferral plan for a key executive. As part of the plan, the Alliance reports assets and liabilities of equal amounts attributable to the amount deferred and related investment earnings. The Alliance's invested assets of deferred compensation consist of equity and fixed income mutual funds, which are classified as level 1 securities in accordance with generally accepted accounting principles. The balance in the deferred compensation plan is \$204,970 and \$182,556 for the years ended June 30, 2016 and 2015, respectively.

NOTE 9 CONCENTRATION OF CREDIT RISK

The Alliance renders the majority of its services pursuant to contracts between the Alliance and various Counties MH/MR, IMT, and HCQU programs. The Alliance recognizes revenue for its programs to the extent that it incurs expenditures which the Counties programs fund. The financial statements accompanying these notes include revenue recognition and receivables that are determined based on the Alliance's capacity to incur eligible program expenditures. Substantially all of the MH/MR, IMT, and HCQU program receivables have been received subsequent to June 30, 2016 and 2015.

At June 30, 2016 and 2015 funding from Lackawanna-Susquehanna- Counties MH/MR, IMT and HCQU programs and Carbon-Monroe-Pike Counties MH/MR and HCQU programs represents 33% and 34% of the Alliance's unrestricted revenues and 28% and 39% of their accounts receivable, respectively. It is the opinion of the Alliance's management that all terms of the agreements have been adhered to and all state regulations have been complied with in regards to the programs mentioned above.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2016 AND 2015

NOTE 10 INDEPENDENT MONITORING TEAM SURVEYS

For fiscal years 2016 and 2015, the following IMT surveys were performed:

	<u> 2016</u>	<u>2015</u>
Lackawanna-Susquehanna	136	136
Lehigh	192	192
Northampton	101	101
Carbon-Monroe-Pike	91	91
Wayne	39	39
Berks	160	160
Lycoming/Clinton	83	83
Lebanon	44	44
CMSU	79	79

NOTE 11 SCHUYLKILL COUNTY MH/MR REQUIRED DISCLOSURES

During the course of our audit we have determined the following as it relates to the Schuylkill County MH/MR Program:

- The Alliance has complied in all material respects with the terms of the SAM Purchase of Service Agreement, the Schuylkill County Mental Health/Mental Retardation Program Contract and DPW 4300 regulations.
- The Alliance provided the units of service that were billed and the units of service were billed at the proper rate.
- The Alliance complied in all material respects with DPW 6200 regulations.
- The Alliance complied in all material respects with the requirements related to the collection of third party revenue.
- The staff positions reimbursed by SAM for the MH/CST Recovery Center Program were employed by the Alliance during the term of the agreement.
- The reconciliation of the MR funding received by the Alliance to the amount reported in the Statement of Activities along with the schedule establishing an actual cost and unit costs for the fiscal years ended June 30, 2016 and 2015 calculated in the same manner as the fees were negotiated in the SAM PSA will be provided in a separate letter.

NOTE 12 UNINSURED CASH

Accounts in financial institutions are guaranteed by the Federal Deposit Insurance Corporation ("FDIC") up to a maximum aggregate amount per depositor of \$250,000. Balances in excess of the FDIC coverage are not insured. At June 30, 2016 and 2015, uninsured balances totaled \$1,317,033 and \$489,598 respectively.

(continued)

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2016 AND 2015

NOTE 13 PRIOR PERIOD ADJUSTMENT

During the year ended June 30, 2016, management determined that \$19,531 in county funding was erroneously recorded as revenue in prior years. As a result, net assets at June 30, 2015 were understated by this amount.

NOTE 14 FUNDS IN CUSTODY

The Alliance also acts as custodian for consumer funds with respect to the services provided through the Rep-Payee, Guardianship of Estate, Educational and Special Needs Trust programs/services. The consumer funds held in custody at June 30, 2016 and 2015 is \$17,080,171 and \$12,356,374, respectively.

NOTE 15 MEMBERSHIPS/RELATED PARTIES

On December 1, 2013, the Alliance together with Friendship House, has been classified as a Sponsored Organization of Human Services Alliance, an entity under common control, incident to an Operating Agreement dated November 19, 2013. The membership was created to guide and assist entities in fulfilling their respective purposes and to foster collaboration between entities to achieve both effective programs and services as well as economies of scale.

At June 30, 2016 and 2015, the Alliance was due \$73,627 and \$62,655, respectively from Friendship House consisting of reimbursement for salaries, payroll taxes and benefits. There are no formal repayment terms.

In addition, the Alliance advanced Friendship House \$200,000 as follows:

The Advocacy Alliance open-end mortgage agreement, due in monthly installments of \$5,729, including interest at an annual rate of 2%. Principal repayments began January 2016; due January 2019. secured by buildings, improvements, furniture and fixtures located at 1509 Maple Street, Scranton, Pa.

\$167,494

Less Current Portion

65,995

Long- Term Portion

\$101,499

(concluded)

Form **990**

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the 2	014 calen	dar year, or tax year begini	ning 7/01	•	, 2014,	and endin	g 6/3	30	,	2015
В	Check if app	olicable:	С						D Employ	er Identi	fication number
	Addres	s change	THE ADVOCACY ALL	ANCE					24-0	08298	343
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			SAME AS C ABOVE		1.7			H(b) Are all if No,	attach a list.	(see inst	!? Yes No tructions)
<u> </u>	Tax-exem	···	X 501(c)(3) 501(c) ()∢ (inse		(a)(1) or	527				
J	Websit	e:► WW	W.THEADVOCACYALLI	ANCE . ORG				H(c) Group 6	exemption nu	mber 🕨	
K		rganization:	X Corporation Trust	Association	Other *	LY	ear of formation	on: 1955	5 Ms	tate of le	egal domicile: PA
Pa	n	<u>Summar</u>	у								
	1 Brie	efly descri	be the organization's mission	on or most sig	gnificant activitie	es: PR	COMOTES	MENTA:	L WELL	BEI	NG, SUPPORTS
a)			<u>' IN ADULTS WHO HA</u>								
2			EMOTIONAL DISORD								
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Activities & Governance		eck this bo	1		•						
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ģ			dependent voting members	•	- ·		=			4	18
ıji.			of individuals employed in							5	351
ਜ਼ੇ			r of volunteers (estimate if a ed business revenue from F							6 7a	0
۷			d business taxable income t							7a 7b	0.
	D NO	t uniciatet	Dusiliess taxable income	101111 01111 33	0°1, iiie 54				rior Year	7.0	Current Year
	8 Cor	ntributions	and grants (Part VIII, line	1b)					76,1	15	371.
ě			rand grants (rart VIII, line rice revenue (Part VIII, line						,019,9		6,530,632.
Revenue			ncome (Part VIII, column (A						13,3		26,337.
ě			e (Part VIII, column (A), lin						13,3	30.	20,337.
_			e – add lines 8 through 11						,109,4	07	6,577,723.
_			imilar amounts paid (Part I						,100,5	91.	0,371,1231
			I to or for members (Part IX		· ·						
		•	er compensation, employee					<u></u>	,550,7	62	4 OFO CE1
S)	15 Sal		· -			-	•)	, 350, 1	03.	4,950,651.
Š	16a Pro		fundraising fees (Part IX, c			• • • • • • •				S201722-0.00	
Expenses	b Tot	al fundrais	sing expenses (Part IX, col	umn (D), line	25) 🟲		······	And the second s			
Ш	17 Oth	ner expens	ses (Part IX, column (A), Iir	es 11a-11d, 1	11 f-2 4e)			1	,414,1	.59,	1,438,483.
	18 Tot	al expens	es. Add lines 13-17 (must e	qual Part IX,	column (A), line	e 25)		5	,964,9	22.	6,389,134.
_	19 Rev	venue less	s expenses. Subtract line 18	3 from line 12	· · · · · · · · · · · · · · · · · · ·				144,5	75.	188,589.
800								Beginnin	g of Currer	t Year	End of Year
1200	20 Tot	al assets	(Part X, line 16)						,586,2		5,847,264.
Not Assets Fund Baland	21 Tot	tal liabilitie	es (Part X, line 26)						519,0	44.	694,609.
žΞ	22 Ne	t assets or	r fund balances. Subtract lir	ne 21 from lin	ie 20			5	,067,1	64.	5,152,655.
Pa	nt]]	Sinnatuı	e Block						, , -	,	, , , , , , , , , , , , , , , , , , , ,
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Page 2

Form 990 (2014) THE ADVOCACY ALLIANCE

Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A..... 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х for public office? If 'Yes,' complete Schedule C, Part I..... 3 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. Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III...... Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Part 1..... Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II......... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV...... Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Х 10 permanent endowments, or quasi endowments? If 'Yes,' complete Schedule D, Part V..... If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII...... X 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Χ assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII....... 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX...... Х 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e 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... Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 b X 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 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. X 14b 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..... Х 15 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...... X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)...... Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II..... 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X complete Schedule G, Part III. 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20 20 b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

Form 990 (2014)

BAA

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II........ 21 Х X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X 23 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... Х 25a 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 Х 25b Schedule L. Part I..... 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. Х 26 Х 27 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): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV...... 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Χ 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..... Х 34 35a X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?...... b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2...... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 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 Vt...... Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O.....

Form 990 (2014) THE ADVOCACY ALLIANCE

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

Check if Schedule O contains a response or note to any line in this Part V				П
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	29	**************************************	Bastava	entaciones entaciones
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			Control Control
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c	The second secon	X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	351			The state of the s
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				100,000 100 000 000 000 000 000 000 000
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.		4 a		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)				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 с		ļ
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiza solicit any contributions that were not tax deductible as charitable contributions?	ition	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).				A magazine a complete
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7 a	Control of the contro	x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	• • • • • • •	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year				GERNING.
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		The state of the state of the		
organization have excess business holdings at any time during the year?		8	venteunden	NOTE OF STREET
9 Sponsoring organizations maintaining donor advised funds.		Medical Committee	Carrier and Carrier	(2017)
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		-
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b		
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12				
a Initiation fees and capital contributions included on Part VIII, line 12			A Continue appropriate and the continue	
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	٠			Today or service of the control of t
b Gross income from other sources (Do not net amounts due or paid to other sources				
against amounts due or received from them.)				
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		CLAND OF	Anna di Anna d	
3 Section 501(c)(29) qualified nonprofit health insurance issuers.				A STATE OF THE STA
a Is the organization licensed to issue qualified health plans in more than one state?		13 a		
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				
- 1				
c Enter the amount of reserves on hand				X
4a Did the organization receive any payments for indoor tanning services during the tax year?		14a	-	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14b	I	1

24-0829843 Form 990 (2014) THE ADVOCACY ALLIANCE Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year.... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 18 1 a **b** Enter the number of voting members included in line 1a, above, who are independent..... 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Х 6 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body?.... 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... X b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q...... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b Х 12 c X Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official...... 15 a Х X b Other officers or key employees of the organization..... 15 h If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

Another's website

ALEX J. HAZZOURI, CEO 846 JEFFERSON AVENUE

SCRANTON PA 18501 (570) 342-7762

|X| Upon request

Other (explain in Schedule O)

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

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

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

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

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

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

		l		(C))		l			
(A) Name and Title	(B) Average hours	thar is	n one` s both	бох, ап о	untes fficer truste		n n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	individual trustee or director	윽ㅣ	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) EDMUND ABDO	0.5									
DIRECTOR	0	X						0.	0.	0.
(2) JAMES BOBECK	0.5									
DIRECTOR	0	X						0.	0.	0.
(3) THOMAS P. COMERFORD	0.5									
DIRECTOR	0	X	Ш		L			0.	0.	0.
(4) EUGENE BOYLAN	0.5									
DIRECTOR	0	X						0.	0.	0.
(5) RICHARD P. CONABOY, JR.	0.5									
DIRECTOR	0	Х				1		0.	0.	0.
(6) MICHAEL P. KELLY	0.5							:		
DIRECTOR	0	X	\perp			1		0.	0.	0.
(7) THOMAS P. LEARY	0.5				ŀ			_	_	
DIRECTOR	0	X						0.	0.	0.
(8) HARRY LINDSAY	0.5								_	_
DIRECTOR	0	X			<u> </u>			0.	0.	0.
(9) MARGE MATISKO	0.5							_		· _
VICE PRESIDENT	0	X		X	<u> </u>			0.	0.	0.
(10) GARY PELUCACCI	0.5									
DIRECTOR	0	X			_			0.	0.	0.
(11) JOSEPH PIERANGELI	0.5							_		
DIRECTOR	0	X	ļ		<u> </u>			0.	0.	0.
(12) JOE KNECHT	0.5								_	_
TREASURER	0	X		Х				0.	0.	0.
(13) THOMAS P. SMITH	0.5									
SECRETARY	0	X		Х	_			0.	0.	0.
(14) TIM OBRIEN	0.5									_
DIRECTOR	0	X						0.	0.	0.
D A A	TEFA	4071	0010	7/4 A						Form 990 (2014)

	(B)			(C	ition					
(A) Name and title	Average hours	box	, unies	ieck ss pe	more rson	than or is both a	an	(D) Reportable	(E) Reportable	(F) Estimated
wanie and the	per week (list any	⊢				or/truste		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
	hours	Individual trustee or director	nstitutional trustee	Officer	Key employee	ignes mple	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	refated organiza	dividual	iona	**	plo	t cor	4			organizations
	- tions below dotted	เมรเก	ţ,		yee	mpen		·		
	line)	િક્ષ	É			Highest compensated employee				
(15) JOSEPH VAN JURA	0.5						1			
DIRECTOR	0	Х						0.	0.	0.
(16) CARL J. WITKOWSKI	0.5									
PRESIDENT	0	Х		X				0.	0.	0.
(17) MARIE SANTILLI	_0.5_							•	^	
DIRECTOR	0	Х					_	0.	0.	0.
(18) CYNTHIA A. YEVICH	_0.5_						- 1	0	0	
DIRECTOR (19) ALEX J. HAZZOURI	40	X	\vdash				\dashv	0.	0.	0.
CEO		1			Х			230,652.	0.	0.
(20) DEBORAH L. ZIELINSKI	40	-	\Box					200,002.		
VICE PRES / CHIEF HR OFFICER	0				Х			78,603.	0.	0.
(21)										
		ļ					_			
(22)	 -									
(23)	<u> </u>									
		<u> </u>								
(24)										
(25)										-
1 b Sub-total					<u> </u>	.	-	309,255.	0.	0.
c Total from continuation sheets to Part VII, Section A										
from the organization 1										
from the organization 1 Yes No										
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee										
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal					• • •			3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate	f reportab	ie co	mpe	nsa	ition	and o	oth	er compensation	from	And the second s
the organization and related organizations greate such individual.	er than \$1	50,0	00?	(f `)	res` 	<i>comp</i> 	ete	e Scheaule J for		. 4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	ie comper	satio	on fro ched	om lule	any J fo	unrela er such	ate	d organization or	individual	5 X
Section B. Independent Contractors										· · · · · · · · · · · · · · · · · · ·
Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	eper the c	dent alend	co dar	ntra year	ctors f	tha g w	t received more to with or within the o	than \$100,000 of rganization's tax yea	r .
(A) Name and business add					ź		J	(B Description)	(C) Compensation
TECH42, LLC 298 SMITH STREET DUNMORE, PA 1								COMP. SOFTWAR	RE/HDWR	137,477.
JK'S CARPENTRY AND HANDYWORK 1349 SCOTT ST		LKES	-BA	RRE	, F	A 18	70	CONSTRUCTION		148,856.
LOCKER GENERAL CONTRACTING, INC. P.O. BOX	206 OLY	PHAN	IT,	PA	184	47		CONSTRUCTION		326,584.
2 Total number of independent contractors (including	but not lim	ited t	o the	se I	liste	d abov	e) '	Mho received more	e than	
\$100,000 of compensation from the organization							-,		Notes and the second se	
										Form 990 (2014)

Form 990 (2014) THE ADVOCACY ALLIANCE
Part VIII Statement of Revenue

		Check if Schedule O	contains a resp	onse or note to an	y line in this Part VI	11		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
9 9	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ය වූ		Fundraising events						And the Control of th
ţ; ₹		Related organizations			The state of the s		The second of th	
ia G		-				And the second s	And the second s	A set of the count of the first of the first county facing of the county facing of the county of the county facing
흔든	е	Government grants (contribution	ons) 1 e			Control of the contro		and the state of t
후	f	All other contributions, gifts, g similar amounts not included a	rants, and		The state of the s			
로						A CONTROL OF THE PARTY OF THE P	The second secon	Control Contro
ntr d C	g	Noncash contributions included	in lines 1a-1f: \$		The state of the s	The state of the s		The second secon
S £	h	Total. Add lines 1a-1f			371.		The second secon	mind program for the program of a financial of the program of the
ne				Business Code				
ľe.	2 a	HEALTHCARE QUALITY	UNITS	611710	2,170,100.	2,170,100.		
B.	b	REPRESENTATIVE PAY	EE	611710	1,092,936.	1,092,936.		
<u>ဗ</u>		CONSUMER SATIS. TE		611710	772,516.	772,516.		
eZ.		OTHER PROGRAM SVS		611710	658,096.	658,096.		
n S		INCIDENT MANAGEMEN		611710	452,613.	452,613.		
ī		All other program service			1,384,371.	1,384,371.		
Program Service Revenue		Total. Add lines 2a-2f				1,304,371.		many that are sensing the training to the sensing the
					6,530,632.	And the first the first term of the second s		The control design of the first of the control of t
	3	Investment income (included other similar amounts).	luding dividend	is, interest and	26,337.			26,337.
	,	Income from investmen			20,331.			20,337.
			•	•				
	5	Royalties			Commence of the control of the contr			
	_		(i) Real	(ii) Personal				The second secon
	- *-	Gross rents	20,383					
		Less: rental expenses			The second secon			The state of the s
	С	Rental income or (loss) [20,383	· .		The second secon	And the state of t	A CONTROL OF THE PROPERTY OF T
	d	Net rental income or (lo		· · · · · · · · · · · · · · · · · · ·	20,383.			20,383.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	The second secon	The state of the s	The state of the s	
		assets other than inventory						And the state of t
	h	Less; cost or other basis		1	The state of the s			The second secon
	~	and sales expenses			The second secon			ATT CONTROL TO A C
	С	Gain or (loss)						The second secon
	d	Net gain or (loss)		······				
ψ	0 .	Gross income from fund	draisina events					The state of the s
	oa	(not including \$	araising events	'				Park Students Control of the Control
ē		of contributions reported	d on line 1c).	•		A second		A Company of the Comp
æ		See Part IV, line 18		a		The second secon		The state of the s
	l h					The state of the s		The state of the s
Other Revenu	l	b Less: direct expenses			A second		Ottomore Comment of the Comment of t	A Contract interest in the second of the sec
Ų		· · · · · · · · · · · · · · · · · · ·	·				A Company of the Comp	
	9 a	Gross income from gam See Part IV, line 19	ning activities.	a	The state of the s		7.1519 200 0.500 0.	A CONTROL OF THE PROPERTY OF T
		Less: direct expenses.			The first of the second			
		Net income or (loss) from		L	Annual Control of the State of	The state of the s	Control of the Contro	The state of the s
	1	• •		(Tooling Control of Community Control of Cont	Market Appropriate Control of the Co	Virginia (1986) de la companya (1986) de la	
	10 a	Gross sales of inventory and allowances	y, less returns		A control on a green or an entire of the control of	And the second s		And the state of t
					The American Conference of the			The state of the s
		Less: cost of goods sole			A service of the serv	Control of the Contro		A STATE OF THE STA
	C	Net income or (loss) fro		1				
		Miscellaneous Reveni	ue	Business Code	The second secon			
	11 a							
	b							
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11	d		-	And the control of th		Company of the compan
	12	Total revenue. See inst	tructions		6,577,723.	6,530,632.	0.	46,720.

Part IX Statement of Functional Expenses

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

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

000	Check if Schedule O contains a re				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		,		
4 5	Benefits paid to or for members	230,652.	230,652.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	3,695,611.	3,673,343.	22,268.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,033,011.	3,013/313.	22,200.	
9	Other employee benefits	655,837.	655,837.		
10	Payroll taxes	368,551.	348,411.	20,140.	•
	Fees for services (non-employees):		0.07.1==1		
	Management				
	b.Legal				
	: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17		The state of the s		
	Investment management fees				
-	~				
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
	Advertising and promotion	8,272.	8,272.	400	
13	Office expenses	78,256.	77,848.	408.	
14	Information technology			:	
15	Royalties	164 469	155 201	0.076	
16	Occupancy	164,467.	155,391.	9,076.	
17	Travel	170,478.	170,340.	138.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	79,285.	78,537.	748.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	170,549.		170,549.	
23	Insurance	64,859.	64,859.		
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e				
	expenses on Schedule O.)	040 004	004 105	16 070	
	PROF. FEES AND CASUAL SERVICES	240,204.	224,125.	16,079.	
	TELEPHONE	133,023.	132,991.	32.	
	EQUIPMENT REPAIRS AND SERVICES	108,842.	108,266.	576. 19.	
	POSTAGE AND SHIPPING	101,854. 118,394.	101,835. 105,378.	13,016.	
	All other expenses		6,136,085.	253,049.	0.
20	Total functional expenses. Add lines 1 through 24e	6,389,134.	0,130,085.	455,049.	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

24-0829843 Form 990 (2014) THE ADVOCACY ALLIANCE Page 11 Balance Sheet Part X (B) End of year Beginning of year 793,150. Cash - non-interest-bearing..... 1,448,691 1 2 22,980. Savings and temporary cash investments..... 24,706 2 3 3 Pledges and grants receivable, net..... Accounts receivable, net..... 4 1,462,989. 1,149,104 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 7 Notes and loans receivable, net..... 8 9 26,395. Prepaid expenses and deferred charges 10 a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D...... 10 a 4,361,024. b Less: accumulated depreciation..... 10 b 10 c 2,350,314. 2,010,710. 2,149,700. 11 Investments – publicly traded securities..... 11 12 Investments - other securities. See Part IV, line 11...... 12 Investments – program-related. See Part IV, line 11..... 13 13 14 14 Intangible assets..... Other assets. See Part IV, line 11..... 15 15 814,007 1,191,436. 16 Total assets. Add lines 1 through 15 (must equal line 34)...... 5,586,208 16 5,847,264. Accounts payable and accrued expenses 216,338. 17 288,200. 17 Grants payable..... 18 18 19 19 Deferred revenue. 7,122 675. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... 22 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 295,584 405,734. 26 Total liabilities. Add lines 17 through 25..... 519,044 694,609. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 5,067,164 27 5,152,655. Temporarily restricted net assets..... 28 29 Permanently restricted net assets..... or Fund

Total liabilities and net assets/fund balances..... 5,586,208. 34 5,847,264. BAA Form 990 (2014)

30

31 32

33

5,067,164.

5,152,655.

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

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

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

Retained earnings, endowment, accumulated income, or other funds

and complete lines 30 through 34.

33

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>. Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	<u>, 57</u>	7,7	<u>23.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	6		9,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		18	8,5	<u>89.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	, 06	7,1	64.
5	Net unrealized gains (losses) on investments	5		-2	1,8	<u>12.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	'	8		-8	1, 2	86.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10			_	. -		
	column (B)).	10	5	, 15	2,6	<u>55.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		2000000 200000000000000000000000000000			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		Control of the Contro			American Company
	in Schedule O.					1,500 mm
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	a Sis			
	separate basis, consolidated basis, or both:		55435 2000 2000 2000		Control of the contro	1000 1000 1000 1000 1000 1000 1000 100
	Separate basis Consolidated basis Both consolidated and separate basis			-		
	b Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ite				
	basis, consolidated basis, or both:				1777	
	X Separate basis Consolidated basis Both consolidated and separate basis		# 379 k		AND SHIP OF STREET	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		.	2 c	х	
	·				12	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		200000 200000 200000			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single			_	• •	***************************************
	Audit Act and OMB Circular A-133?		· · · · · i	3 a	Х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				ι,	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	,		3 b	X	
RΔ	Δ		Fo	mic	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internat Revenue Service Name of the organization

(B)

(C)

(D)

(E)

24-0829843 THE ADVOCACY ALLIANCE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 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 is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of supported organization (ii) EIN (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A)

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

Schedule A (Form 990 or 990-EZ) 2014

Page 2

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

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

<u>Sec</u>	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	1,523.	2,382.	41,016.	76,145.	371.	121,437.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,523.	2,382.	41,016.	76,145.	371.	121,437.
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)						0.
6	Public support. Subtract line 5 from line 4						121,437.
<u>Sec</u>	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,523.	2,382.	41,016.	76,145.	371.	121,437.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,403.	7,843.	283.	13,396.	26,337.	68,262.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						189,699.
12	Gross receipts from related activ	vities, etc (see ins	tructions)				0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ □
Sec	11 O O	Iallia Command D					
14	Public support percentage for 20	014 (line 6, colum	n (f) divided by lir	ne 11, column (f))	• • • • • • • • • • • • • • • • • • • •	14	64.02%
15	Public support percentage from	2013 Schedule A,	Part II, line 14			[15]	71.67 %
16 a	33-1/3% support test — 2014. If and stop here. The organization	the organization qualifies as a pul	did not check the olicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more, o	check this box
ł	33-1/3% support test — 2013. If and stop here. The organization	the organization on qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 or 16 or 16 or 16 or 16 or 17 or 18	5a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to ormore, and if the organization the organization meets the fact	est — 2014. If the meets the 'facts-a s-and-circumstand	organization did n and-circumstance: es' test. The orga	ot check a box or s' test, check this nization qualifies	n line 13, 16a, or box and stop he as a publicly sup	16b, and line 14 is re. Explain in Part ported organizatio	s 10% VI how on
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-and-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly suppor	r e. Explain in Part led organization	VI how the
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a			
DAA					C.	0€ مستمال ۸ ماندلمما	20 or 000 E71 2014

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

(Complete only if you checked the	box on line 9 of Part I or if the organi	ization failed to qualify unde	er Part II. If the org	janization fails
to qualify under the tests listed	below, please complete Part II.)		-	

Sect	ion A. Public Support						
Calent	lar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.		113-12-12-12-12-12-12-12-12-12-12-12-12-12-		×		
	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						A STATE OF THE STA
	tion B. Total Support	···				,	
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	Amounts from line 6						
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
-	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ····· ► ∏
Sec	tion C. Computation of Pu	blic Support F	Percentage				
15	Public support percentage for 20						
16	Public support percentage from						8
Sec	tion D. Computation of Inv						
17	Investment income percentage	for 2014 (line 10c,	, column (f) divid	ed by line 13, colu			
18	Investment income percentage to						
	33-1/3% support tests - 2014. I is not more than 33-1/3%, check	k this box and sto	p here. The orga	nization qualifies	as a publicly supp	orted organizat	ion ▶ [_]
	33-1/3% support tests — 2013. I line 18 is not more than 33-1/39 Private foundation. If the organi	f the organization 6, check this box	did not check a and stop here. The	box on line 14 or l he organization qu	line 19a, and line Jalifies as a public	16 is more than ly supported or	n 33-1/3%, and ganization ►
20	Filvate ioutination. If the organi	izativni ulu 1101 CH	CON A DOX OIL HILL	ושכו ושל ואים ודי ו	MOOR THO DOX OH	2 OCC HISH UCHOL	<u> </u>

Schedule A (Form 990 or 990-EZ) 2014

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations			
		Estatain	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		100000000000000000000000000000000000000
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		And the second s
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		American Control of the Control of t
I	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	100 mm (100 mm) (100	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
(c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c	The state of the s	Angels (1 angels)
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ı	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
,	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		The state of the s
5 :	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	A SAME AND	
ļ	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	Committee of the commit	
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	10000000	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L. (Form 990)	7		The second of th
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8	1 - Changa a Santa 1 - Ch	2,56,44,57
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the s
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b	A N Marine Congress of the Con	
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Parties and the second secon
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a	A Company of the Comp	The second secon
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	Samuel Control	and the street of the street o

За

3 Parent of Supported Organizations. Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard......

Par	tV Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	vemb Secti	er 20, 1970. See instructio ions A through E.	ıs. All
Sect	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount	****	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)			
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	The second secon	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grate		
BAA			Schedule A (Fors	n 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	tions (continued)	
Section D — Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pu			
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of su	apported organizations.		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.			
9 Distributable amount for 2014 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3 Excess distributions carryover, if any, to 2014:			
b continued to the continued of the cont			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years	The state of the s		
h Applied to 2014 distributable amount			
I Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
Distributions for 2014 from Section D, line 7:			
a Applied to underdistributions of prior years		'	
b Applied to 2014 distributable amount		A service of the serv	
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7:			And the second s
a		The first term is a few or against a second	
b		And the state of t	A CONTRACTOR OF THE CONTRACTOR
C Indiana and the second of th			
d Excess from 2013			
e Excess from 2014		The second secon	

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Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	THE ADVOCACY ALLIANCE		24-0829843
Par	[Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Accounts.
·,·,=•4,	Complete if the organization ansv	vered 'Yes' to Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assets held in doorganization's exclusive legal control?	onor advised funds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be used only r purpose conferringYes No
Par	t II Conservation Easements.	•	
		vered 'Yes' to Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	· L	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation contribution in the for	
	Total number of conservation easements		Held at the End of the Tax Year
	 Total acreage restricted by conservation easer Number of conservation easements on a certif 		
		• •	
(Number of conservation easements included in structure listed in the National Register	າ (c) acquired after 8/17/06, and not on a histo	ric 2 d
3	Number of conservation easements modified, tran tax year ►		
4	Number of states where property subject to conse	rvation easement is located ►	
5	Does the organization have a written policy re-	garding the periodic monitoring, inspection, ha	ndling of violations,
	and enforcement of the conservation easemer		
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easements durin	ng the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revenue and exper o the organization's financial statements that or	nse statement, and balance sheet, and describes the organization's accounting for
Par	TIII Organizations Maintaining Colle	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
.			
1 6	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	ld for public exhibition, education, or research in f	rinde statement and balance sheet works of furtherance of public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:		
	(i) Revenue included in Form 990, Part VIII, I		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
í	Revenue included in Form 990, Part VIII, line	1	
	Assets included in Form 990, Part X		▶ \$

Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (c	ontinu	ed)	
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other	records, check ar	ny of the following that a	re a significant use of its o	collectio	n		
a Public exhibition			d Loan o	or exchange programs					
b Scholarly research			e Other						
c Preservation for future generations									
4 Provide a description of the organiz Part XIII.									
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or han to be mai	receive intained	donations of art as part of the or	, historical treasures, ganization's collectior	or other similar assets 1?	Yes		No	
Part IV Escrow and Custodia line 9, or reported an	l <mark>Arrange</mark> m amount on	rents. Form	Complete if the 1990, Part X, I	ne organization ar line 21.	nswered 'Yes' to For	m 990), Part	: IV,	
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n, or oti	ner intermediary	for contributions or ot	her assets not included	Yes	٢	No	
b If 'Yes,' explain the arrangement							L_	_	
						Amoun	t		
c Beginning balance					1с				
d Additions during the year					1d				
e Distributions during the year					1e				
f Ending balance					1f				
2 a Did the organization include an a	mount on Fo	rm 990,	Part X, line 21,	for escrow or custodia	l account liability?	Yes		No	
b If 'Yes,' explain the arrangement	in Part XIII.	Check h	ere if the explan	ation has been provid	ed in Part XIII			1	
			•	•				_	
Part V Endowment Funds. C	omplete if	the or	ganization an	swered 'Yes' to Fo	orm 990, Part IV, lin	e 10.			
	(a) Current	year	(b) Prior year	(c) Two years bad	k (d) Three years back	(e)	Four year	s back	
1 a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentag	e of the curre	nt year	end balance (lin	e 1g, column (a)) helc	l as:				
a Board designated or quasi-endown	ient 🟲		%						
b Permanent endowment	~~~								
c Temporarily restricted endowmen	nt ►		8						
The percentages in lines 2a, 2b,	and 2c should	d equal	100%.						
3 a Are there endowment funds not in	the nossession	of the o	rnanization that a	re held and administere	d for the				
organization by:	•		_				Yes	No	
(i) unrelated organizations						3a(i)			
(ii) related organizations						3a(ii)			
b If 'Yes' to 3a(ii), are the related	organizations	listed a	s required on Sc	hedule R?		3b			
4 Describe in Part XIII the intende	d uses of the	organiz	ation's endowme	nt funds.					
Part VI Land, Buildings, and	Equipment	t.							
Complete if the organ	ization ans	wered	'Yes' to Form	n 990, Part IV, line	e 11a. See Form 990), Pari	ţX, lir	ne 10.	
Description of property			t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book v	alue	
1 a Land		È		67,443.	The state of the s		67	,443.	
b Buildings				606,203.	236,937.			,266.	
c Leasehold improvements				2,174,122.		1		,625.	
d Equipment				1,513,256.				,980.	
e Other				2,020,200				, <u>, , , , , , , , , , , , , , , , , , </u>	
Total. Add lines 1a through 1e. (Colum		qual Fo	rm 990, Part X. d	column (B), line 10c.).		2	350	,314.	
ВАА	.,,		,			ule D (F			

Part VII Investments - Other Securities.	LiVani ta Farm 000	N/A Part IV line 11h See Form 000	Dort V line 12
Complete if the organization answered	(b) Book value	(c) Method of valuation: Cost or end-of-y	
(a) Description of security or category (including name of security)	(D) DOOK Value	(C) Method of Valuation: Cost of end-or-y	ear market value
(1) Financial derivatives(2) Closely-held equity interests			
(3) Other			
(A)	:		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	***************************************		
(H)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments - Program Related.		N/A	D. J. V. P 10
Complete if the organization answered			
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-o	r-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
Part IX Other Assets.			
Complete if the organization answered		, Part IV, line 11d. See Form 990	
	scription		(b) Book value 262, 655.
(1) DUE FROM FRIENDSHIP HOUSE (2) INVESTMENTS - DEFERRED COMPENSATION	าง		182,556.
(3) MUTUAL FUNDS/GOVERNMENT SECURITIES			744,980.
(4) SECURITY DEPOSITS	*		1,245.
(5)			
(6)			
(7)			
(8)			
(9) (10)			
	D) line 15.)	>	1 101 426
Total. (Column (b) must equal Form 990, Part X, column (c	B), IINE 15.)		1,191,436.
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fe	orm 990 Part IV line 11	e or 11f See Form 990 Part X line 25	
(a) Description of liability	(b) Book value	0 0 171. 000 10111 000 1 0110 10	
(1) Federal income taxes			
(2) ACCRUED COMPENSATED ABSENCES	167,53		
(3) ACCRUED WAGES & PAYROLL TAXES	55,64		
(4) DEFERRED COMPENSATION	182,55	66.	
(5)			
(6)			
(7) (8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 405,73		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's fi	nancial statements that reports the organization's li	
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	6,555,911.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2,0000010010 2,0000100000000 2,000010000000000	· · · · · · · · · · · · · · · · · · ·
a Net unrealized gains (losses) on investments	Secretary of the secret	
b Donated services and use of facilities	700 700 700 700 700 700 700 700 700 700	
c Recoveries of prior year grants	San	
d Other (Describe in Part XIII.)	The state of the s	
e Add lines 2a through 2d	2 e	-21,812.
3 Subtract line 2e from line 1	3	6,577,723.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	A MARINE STATE OF THE STATE OF	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	A STATE OF THE STA	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,577,723.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	6,389,134.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · ·
a Donated services and use of facilities		
b Prior year adjustments		
	500000000 500000000	
c Other losses		
c Other losses. 2 c d Other (Describe in Part XIII.). 2 d	-	
	2 e	
d Other (Describe in Part XIII.)	2 e 3	6,389,134.
d Other (Describe in Part XIII.)		6,389,134.
d Other (Describe in Part XIII.)		6,389,134.
d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 b	3	6,389,134.
d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b.	3 4c	
d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 b	3	6,389,134. 6,389,134.

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

BAA

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE ADVOCACY ALLIANCE

Employer identification number 24-0829843

Par	t I Questions Regarding Compensation					
				Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any rele	the following to or for a person listed in Form 990, Part vant information regarding these items.			American Company of Co	
	First-class or charter travel	Housing allowance or residence for personal use			Authorities and a second and a	
	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 (e.g., maid, chauffeur, chef)				
Ł	If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described		1 b	A Company of the Comp		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the filing organization used CEO/Executive Director. Check all that apply. Do not check establish compensation of the CEO/Executive Director, but ex	d to establish the compensation of the organization's any boxes for methods used by a related organization to explain in Part III.			Complete and compl	
	Compensation committee	Written employment contract			Charles Control of Con	
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, or a related organization:					
	Receive a severance payment or change-of-control payment	-	4 a		_X_	
	Participate in, or receive payment from, a supplemental non	·	4 b		X	
C	Participate in, or receive payment from, an equity-based cor If 'Yes' to any of lines 4a-c, list the persons and provide the	· ·	4 c	Carena and	X	
	if Tes to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in rait in.				
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organization	ns must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of:	-		Control And		
a	The organization?		5 a	1398222225	X	
Ł	Any related organization?		5 b		X	
	If 'Yes' to line 5a or 5b, describe in Part III.			10.00 (10		
6	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of:	did the organization pay or accrue any compensation				
ŧ	The organization?	,	6 a		Χ	
ŀ	,		6 b		X	
	If 'Yes' to line 6a or 6b, describe in Part III.			A Committee of the Comm	100 100 100 100 100 100 100 100 100 100	
7	For persons listed in Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If 'Yes,' describe in	did the organization provide any non-fixed n Part III	7		Х	
8	Were any amounts reported in Form 990, Part VII, paid or a to the initial contract exception described in Regulations sec If 'Yes,' describe in Part III	ccrued pursuant to a contract that was subject tion 53.4958-4(a)(3)?	8		x	
9	If 'Yes' to line 8, did the organization also follow the rebuttable p section 53.4958-6(c)?	resumption procedure described in Regulations	9			

24-0826

Schedule J (Form 990) 2014 THE ADVOCACY ALLIANCE

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

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

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

	(B) Breakdow	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus and incentive compensation	(ii) Other reportable compensation	and otner deferred compensation	penents	columns(B)(I)-(L)	
ALEX J. HAZZOURI	(i)187,550.		43.102.	000	0.00	230,652.	0 0 0
2				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
æ	(ii)						
4			1 1 1 1 1 1				
5	(ii)						
9	(II)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
7	(E)			1 1 1 1	 		
∞ w	(E)						
6	(E)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10	(II)					 	
11	(E)						
. , , , , , , , , , , , , , , , , , , ,	(E)						
13	(I)						
14	(ii)						
15	(i)						
16	(i)			1 1 1 1 1		 	
ВАА		TEEA4102L 06/19/14	/14			Schedule J	Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOURS.

THE ADVOCACY ALLIANCE

Employer identification number

24-0829843

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

PROMOTES MENTAL WELL BEING, SUPPORTS RECOVERY IN ADULTS WHO HAVE MENTAL ILLNESS,
RESILIENCY IN CHILDREN AND ADOLESCENTS WHO HAVE EMOTIONAL DISORDERS AND EVERYDAY
LIVES FOR PERSONS WHO HAVE DEVELOPMENTAL DISABILITIES AND PROVIDE TO THEM ADVOCACY
AND CULTURALLY COMPETENT SERVICES.

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

990 REVIEWED BY THE AUDIT COMMITTEE AND BOARD OF DIRECTORS PRIOR TO SUBMISSION

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

ON AN ANNUAL BASIS, OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES ARE REQUIRED

TO SUBMIT TO THE BOARD OF DIRECTORS ANY POTENTIAL CONFLICTS OF INTEREST. ANY

CONFLICTS OF INTEREST THAT ARE IDENTIFIED ARE DOCUMENTED AND APPROPRIATE PROCEDURES

AND FOLLOW UPS ARE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE GOVERNING DOCUMENTS, POLICIES, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE, UPON REQUEST, TO THE GENERAL PUBLIC AT THE ORGANIZATION'S OFFICE DURING NORMAL BUSINESS

Form **990**

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	e 2015 calendar year, or tax year beginning 7/01 , 2015, and ending	6/3	0	,	2016			
В	Check it	applicable: C) Employ	er idenlifi	cation number			
	Ad	dress change THE ADVOCACY ALLIANCE		24-0	8298	43			
		me change 846 JEFFERSON AVENUE, P.O.BOX 1368	l la	E Telepho					
	_	SCRANTON, PA 18501		1570	1) 24	2-7762			
	\vdash		ļ	(57))) 34	2-1102			
	\vdash	I return/terminated		_	۰				
	\vdash	nended return		Gross re			11		
	Ap	reason parangl	(a) is this a			₩.••	X No		
		SAME AS C ABOVE	l (b) Are all su If 'No,' at	tach a list.	inciuaea: (see instr	vctions) Yes	No		
<u> </u>		exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527							
<u>J</u>	Wet		l(c) Group ex	emption nu	mber ►				
K	Form	of organization: X Corporation Trust Association Other L Year of formation	n: 1955	Mis	tate of leg	gal domicile: PA			
Part I Summary									
	1	Briefly describe the organization's mission or most significant activities: PROMOTES	MENTAL	WELL	BEIN	IG, SUPPO	RTS		
d)		RECOVERY IN ADULTS WHO HAVE MENTAL ILLNESS, RESILIENCY							
Š	WHO HAVE EMOTIONAL DISORDERS AND EVERYDAY LIVES FOR PERSONS WHO HAVE DEVELOPMENTA								
Ë	DISABILITIES AND PROVIDE TO THEM ADVOCACY AND CULTURALLY COMPETENT SERVICE								
Š	2								
Ğ		Number of voting members of the governing body (Part VI, line 1a)			3 [18		
প্ত		Number of independent voting members of the governing body (Part VI, line 1b). \dots			4		18		
Ë		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5		267		
Activities & Governance		Total number of volunteers (estimate if necessary).			6		0		
Ă		Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.		
	b	Net unrelated business taxable income from Form 990-T, line 34			7b		0.		
		0 12 12 1 17 1 1 17 1 1 1 1 1 1 1 1 1 1 1	Pri	or Year		Current Ye			
ல		Contributions and grants (Part VIII, line 1h)		371.			<u>, 971.</u>		
Revenue		Program service revenue (Part VIII, line 2g)	6,	530,6		6,719			
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ļ	26,3			<u>, 671.</u>		
Ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u></u>	-14,492.		117,380.			
	<u> </u>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,	542,8	48.	6,880	<u>,294.</u>		
õ	I	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
	l	Benefits paid to or for members (Part IX, column (A), line 4)							
	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,	950,6	<u>51. </u>	5,169,126.			
1Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶							
ŭ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	438,4	83	1,406	134		
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		389,1		6,575,260.			
	l	Revenue less expenses. Subtract line 18 from line 12		153,7					
5 8		Totalida 1635 experisos. Odbitact line 10 flotti file 12.11	Beginning			305, 034. End of Year			
Not Assots Fund Balanc	20	Total assets (Part X, line 16)							
88	21	Total liabilities (Part X, line 26).	3,	847,2 694,6		6,067	, 999. , 938.		
Š	21								
	~~.	Net assets or fund balances. Subtract line 21 from line 20	5,	152,6	55.	5,463	<u>,061.</u>		
	irt II	Signature Block							
Unde	er penalt olete. De	ies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to th claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	e best of my	knowledge	and belief	f, it is true, correct	, and		
	·		· I · · · ·						
Signatur		Signature of officer	 Date	14	22/	<u> </u>			
Siç He	yn "A	, · · · · · · · · · · / /							
пe	re	ALEX HAZZOURI Type or print name and title.	PRESI	DENT 8	CEO				
				т	J., 15	TIN			
		Print/Type preparer's name Preparer's signature Date Date A BARBETTI CPA MICHARIA BARBETTI CPA MICHARIA BARBETTI CPA	,,	heck	」"	TIN			
Pa		monada iii bidabilliy olii iiitolaya iii bidabilliy olii	9 S	eif-employe	d P	01212102			
	epare								
Use Only		y Firm's address ► 1421 EAST DRINKER STREET	F	Firm's EIN ► 27-2871459					
		DUNMORE, PA 18512	F	hone no.	(570)	346-2057			
May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes	No		

Form 990 (2015) THE ADVOCACY ALLIANCE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11				
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2015)

BAA

Part IV Checklist of Required Schedules (continued)

Yes No 20a X 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H..... b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II........... X 21 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. Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 X 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d Χ 25a 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 X 25b 26 X 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. Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Χ Schedule L, Part IV....... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M............ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II 32 Х 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 Х X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2...... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2...... Х 36 X 37 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..... X Form 990 (2015)

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Form 990 (2015) THE ADVOCACY ALLIANCE 24-082984	3	Р	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance	·		
Check if Schedule O contains a response or note to any line in this Part V			.]
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter ·0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 267			Total and the second of the se
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	reconsorură
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b if 'Yes,' enter the name of the foreign country: >			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	50-200-200	ACCOMING	X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		
	30		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		Control of the contro	
services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8	No.	,
9 Sponsoring organizations maintaining donor advised funds.		100 000 000 000 000 000 000 000 000 000	
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	100000000000000000000000000000000000000	
10 Section 501(c)(7) organizations. Enter:		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
a Initiation fees and capital contributions included on Part VIII, line 12			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders		DEPARTMENT OF THE PROPERTY OF	
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)	12 a		The Control of Control
12 a Section 4947(aX1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	a State of the sta	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		508653
Note. See the instructions for additional information the organization must report on Schedule O.	.54		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	14-	A STATE OF THE STA	X
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
BAA TEEA0105L 10/12/15		990	(2015)

TEEA0105L 10/12/15

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 18 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..... 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х 5 X X Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?..... 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa X a The governing body?..... 8b X b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?...... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х Х 12 c X 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official...... 15 a b Other officers or key employees of the organization. 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х taxable entity during the year?..... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > PASection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: 20 ALEX J. HAZZOURI, CEO 846 JEFFERSON AVENUE SCRANTON PA 18501 (570) 342-7762

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

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

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

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

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

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

Company Comp						(C))					
Comparison Com			Average hours	l is	both dire	i an o	officer /truste	ot check more unless person fficer and a Repor compensa		Reportable compensation from	Reportable compensation from	Estimated amount of other
Column C			week (list any hours for related organiza- tions below dotted	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
C2 JOSEPH KNECHT 0.5										-	_	_
TREASURER				X			_			0.	0.	0.
DIRECTOR				Х		Х				0.	0.	0.
Column	(3)	JAMES BOBECK	0.5									
DIRECTOR		DIRECTOR		X						0.	0.	0.
(5) RICHARD P. CONABOY 0.5 0.5 0.0.0.0.0. 0.0.0.0.0. 0.0.0.0. 0.0.0.0.0.			0.5									
DIRECTOR 0 X 0. 0. 0. 0. 0. (6) MICHAEL P. KELLY 0.5 0.5 0.			•	Х						0.	0.	0.
(6) MICHAEL P. KELLY 0.5 DIRECTOR 0 X 0.0.0.0. (7) THOMAS P. LEARY 0.5 DIRECTOR 0 X 0.0.0.0. (8) HARRY LINDSAY 0.5 DIRECTOR 0 X 0.0.0.0. (9) MARGE MATISKO 0.5 VICE PRESIDENT 0 X X			}							_		
DIRECTOR 0 X 0. 0. 0. (7) THOMAS P. LEARY 0.5 0. 0. 0. 0. DIRECTOR 0 X 0. 0. 0. 0. (8) HARRY LINDSAY 0.5 0. 0. 0. 0. DIRECTOR 0 X 0. 0. 0. 0. (9) MARGE MATISKO 0.5 0. 0. 0. 0. VICE PRESIDENT 0 X X 0. 0. 0. 0.				X			<u> </u>			0.	0.	0.
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(8) HARRY LINDSAY 0.5 DIRECTOR 0 X 0. 0. 0. (9) MARGE MATISKO 0.5 VICE PRESIDENT 0 X X 0. 0. 0.			3 ·							_	0	0
DIRECTOR 0 X 0. 0. 0. (9) MARGE MATISKO 0.5 0. 0. 0. 0. VICE PRESIDENT 0 X X X 0. 0. 0. 0.				Α.	\vdash		 			υ.	<u> </u>	<u> </u>
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VICE PRESIDENT 0 X X 0. 0. 0.			!	_^						<u> </u>	٧.	<u> </u>
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DIRECTOR 0. 0.			1	x						٥.	0.	0.
(11) JOSEPH PIERANGELI 0.5		w					 			· ·		
			1	X						o.	0.	0.
(12) TIMOTHY O, BRIEN 0.5												
				Х						0.	0.	0.
(13) THOMAS P. SMITH, PSY. D. 0.5	(13)	THOMAS P. SMITH, PSY. D.	0.5									
			0	X		X				` 0.	0.	0.
(14) THOMAS P. COMERFORD 0.5			0.5									
DIRECTOR 0 X 0. 0. 0.		DIRECTOR	0	X						0.	0.	

Part VII Section A. Officers, Directors, Tru		∧ey □	Еm			es,	anc	Highest Com	pensated Emp	loyees (continued)
	(B)			Pos	•			<i>(</i> 2)	(E)	(5)
(A) Name and title	Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable	(E) Reportable	(F) Estimated				
reame and the	per week	<u> </u>	11					Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
	(list any hours	Individual or director		Officer	<u>§</u>	inple	0110	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	for related	idua ecto	ğ	ğ) mg/	st co	Œ.			and related organizations
	organiza • tions below	Individual trustee or director	함		90	mpe				
	dotted line)	lee	nstitutional trustee			Highest compensated employee				<u> </u>
						g				
(15) JOSEPH VAN JURA, ESQUIRE	0.5		П					-		
DIRECTOR	0	X			<u> </u>			0.	0.	0.
(16) CARL J. WITKOWSKI	_0.5_	١,,		.,		1			0	
PRESIDENT	0.5	Х	-	Х	<u> </u>			0.	0.	0.
OIRECTOR	0.5	X						0.	0.	0.
(18) CYNTHIA A. YEVICH	0.5	Λ.						0.	<u></u>	
DIRECTOR	0	X						0.	0.	0.
(19) ALEX J. HAZZOURI	24	 						<u> </u>		
CEO	0			:	X			160,486.	0.	9,032.
(20) DEBORAH L. ZIELINSKI	_ 40 _	ļ								
VICE PRES / CHIEF HR OFFICER	0				X			88,591.	0.	0.
(21)										
(32)		⊢			-	-			*	
(22)								:		
(23)			H		 					
(24)										
		<u> </u>				<u> </u>	L			
(25)										
1 b Sub-total		<u></u>	Ш		<u> </u>		 	249,077.	0.	9,032.
c Total from continuation sheets to Part VII, Secti								0.	0.	0.
d Total (add lines 1b and 1c)							•	249,077.	0.	9,032.
2 Total number of individuals (including but not limited	to those I	isted	abov	/e) v	who	recei	ved	more than \$100,00	0 of reportable com	pensation
from the organization 1										
										Yes No
3 Did the organization list any former officer, direct	tor, or tru	stee,	, key	em	nplo	yee,	or h	nighest compensa	ted employee	. 3 X
on line 1a? If 'Yes,' complète Schedule J for suc										
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportab er than \$1	le co 50.0	mpe 00?	nsa If '\	ition Yes'	and com	oth <i>olet</i>	er compensation e Schedule J for	from	
such individual		,-				• • • •				4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	on fro	om.	any	unre	elate	ed organization or	individual	5 X
Section B. Independent Contractors	s, comple	10 31	cneu	uie	J 10	n Suc	лιр	erson		3 A
Complete this table for your five highest compen	sated ind	epen	dent	COI	ntra	clors	tha	t received more t	han \$100,000 of	
compensation from the organization. Report compen		the c	alend	dar <u>j</u>	year	endi	ng v	1		
(A) Name and business add	ress							Description	of services	(C) Compensation
TECH 42, LLC 298 SMITH STREET DUNMORE, PA	18512					_		COMP. SOFTWAR	E/HDWR	139,311.
JK'S CARPENTRY & HANDYWORK 1349 SCOTT STRE		ES-B	ARRI	Ε,	PA	1870	05	CONTRACTOR		116,960.
								<u> </u>	Hank	
2 Total number of independent contractors (including t		ited to	o tho	se I	liste	ods t	ve)	wno received more	tnan	
\$100,000 of compensation from the organization	2									

24-0829843 Page 9 Form 990 (2015) THE ADVOCACY ALLIANCE Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (D)
Revenue
excluded from tax
under sections
512-514 (B)
Related or
exempt
function
revenue (C) Unrelated business (A) Total revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns..... 1 a 1 b **b** Membership dues..... c Fundraising events..... 1 c d Related organizations...... 1 d

Contributions, Gi and Other Simila	e	Government grants (contribution	ons)	1 e	_ :				
Sir			-						
the	1	All other contributions, gifts, g similar amounts not included	above	1 f	16,971.				
ξÖ	ç	Noncash contributions included	l in lines 1a	1f: \$					
3 8	ł	Total. Add lines 1a-1f				16,971.			
₽					Business Code				The state of the s
χeΓ		HEALTHCARE QUALITY			611710	2,185,496.	2,185,496.		
e Re		REPRESENTATIVE PAY			611710	1,132,989.	1,132,989.		
₹.		CONSUMER SATIS. TE	AM		611710	774,214.	774,214.		
S		OTHER PROGRAM SVS			611710	770,729.	770,729.		
Ē	•	INCIDENT MANAGEMEN	<u>T</u>		611710	528,083.	528,083.		
Program Service Revenue		All other program service				1,327,761.	1,327,761.		
_		Total. Add lines 2a-2f				6,719,272.			Section with a section of the sectio
	3	Investment income (incother similar amounts).	luaing aiv	/idena	s, interest and	26,671.			26,671.
	4	Income from investmen				20,0111			= = 7 - 7 - 7
	5	Royalties							
			(i) R		(ii) Personal				
	6 a	Gross rents	46	,100					
	ŀ	Less: rental expenses	11,	, 225					
		: Rental income or (loss)	·····	, 875					
	(I Net rental income or (lo				34,875.			34,875.
	7 a	Gross amount from sales of assets other than inventory	(i) Secu	ırities	(ii) Other				
	ŀ	Less: cost or other basis							
		and sales expenses							
		Gain or (loss)						WATER AND THE STATE OF THE STAT	
	d Net gain or (loss)								
Other Revenue	8 8	Gross income from fund (not including . \$	draising e	vents					
Ver		of contributions reporte	of contributions reported on line 1c).						
Re		See Part IV, line 18			а				
Jer.	į	Less: direct expenses.			b		THE CONTRACTOR OF SERVICE		
₹	(: Net income or (loss) fro	om fundra	ising	events				
	98	Gross income from gan See Part IV, line 19	ning activ	ities.					
		Less: direct expenses.					[25] Charles (1996) (Alberta (1996) (1996) (1996)		
		: Net income or (loss) fro	•	•	vities				
	10 a	a Gross sales of inventor and allowances	y, less re	turns	а				
	ı	Less: cost of goods sol	d		b		27 State Control Con		
	(: Net income or (loss) fro		of inve	-				
		Miscellaneous Reven			Business Code				
		MANAGEMENT SER	VICES_		611710	55,745.	55,745.		
	1	OTHER_INCOME_			611710	26,760.	26,760.		
	•	A All other revenue							
		d All other revenue Total. Add lines 11a-11				02 505			
	12 12	Total revenue. See inst				82,505. 6,880,294.	6,801,777.	0.	61,546.
BAA		Total Teventies Occ 1131	u doublis.			0,880,294. A0109L 10/12/15	U, OUL, III.	<u> </u>	Form 990 (2015)
					, , ,				(

Part IX | Statement of Functional Expenses

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

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

Do n 6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	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				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	160,486.	160,486.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
	Other salaries and wages	3,884,583.	3,830,859.	53,724.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,332,7333.	0,000,000		
9	Other employee benefits	756,188.	743,871.	12,317.	
10	Payroll taxes	367,869.	363,712.	4,157.	
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting.				
	Lobbying.				
	Professional fundraising services. See Part IV, line 17			to bendunce when the state of t	
g	Investment management fees				
12	Advertising and promotion	1,576.	1,576.		
13	Office expenses	93,486.	93,486.		
14	Information technology				
15	Royalties. , ,				
16	Occupancy	157,320.	145,044.	12,276.	
17	Travel	178,121.	178,121.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	54,857.	54,857.		
20	Interest				
21	Payments to affiliates			4.60 4.01	
22	Depreciation, depletion, and amortization	163,101.	15 100	163,101.	
23	Other expenses. Itemize expenses not	60,066.	15,128.	44,938.	
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROFESSIONAL SERVICES	289,106.	247,176.	41,930.	
	TELEPHONE	129,639.	129,639.		
c	POSTAGE AND SHIPPING	95,107.	95,107.		
	EQUIPMENT REPAIR & SERVICES	83,690.	83,690.		· · · · · · · · · · · · · · · · · · ·
е	All other expenses	100,065.	83,808.	16,257.	
25	Total functional expenses. Add lines 1 through 24e	6,575,260.	6,226,560.	348,700.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	:			
ВАА	00r 30-2 (not 300-720)	TEEA0110L 11.			Form 990 (2015)

Form 990 (2015)

Part X Balance Sheet

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Check if Schedule O contains a response or note to any line in this Part X..... (B) End of year (A) Beginning of year 793,150 1 1,520,874. Cash — non-interest-bearing 2 Savings and temporary cash investments 22,980 2 Pledges and grants receivable, net 3 Accounts receivable, net 1,462,989 4 1,015,358. Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 167,494. Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 26,395 9 30,715. 10 a 4,407,582 2,173,811. 2,350,314 10 c 2,233,771. Investments – publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11..... 12 13 Investments – program-related, See Part IV, line 11..... 13 14 14 Intangible assets Other assets. See Part IV, line 11..... 15 1,191,436. 15 1,099,787. Total assets. Add lines 1 through 15 (must equal line 34)...... 5,847,264. 16 6,067,999. 16 17 Accounts payable and accrued expenses..... 288,200 17 204,807. 18 Grants payable..... 18 Deferred revenue..... 675 19 675. 19 20 20 Tax-exempt bond liabilities..... 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to current and former officers, directors, trustees, 22 22 23 Secured mortgages and notes payable to unrelated third parties..... Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 405,734 399,456. 26 604,938. Total liabilities. Add lines 17 through 25..... 694,609 Organizations that follow SFAS 117 (ASC 958), check here > X and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 27 5, 152, 655 5,463,061. 28 28 29 Permanently restricted net assets..... Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. þ Capital stock or trust principal, or current funds..... 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 33 5,463,061. 33 Total net assets or fund balances..... 5,152,655. Total liabilities and net assets/fund balances 34 6,067,999. 34 5,847,264.

~!	11000 (2010) THE INTOCKET INDITINGE	00000			
Pε	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,8	80,2	94.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,5	75,2	60.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	05,0	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,1	52,6	55.
5	Net unrealized gains (losses) on investments	5	_	14,1	59.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	· · · · · · · · · · · · · · · · · · ·	8		19,5	31.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10					
	column (B))	10	5,4	<u>63,0</u>	61.
P	nt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part 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.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	b 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 separate	ate		Angentaken Ingebale anegat Ingebale anegat Ingebale	
	basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
				CONTRACTOR	in a second
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	· · · · · · · · · · · · · · · · · · ·	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За	Х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
<u></u> Α		********		990 ((201E

TEEA0112L 10/20/15

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2015

Employer identification number Name of the organization THE ADVOCACY ALLIANCE 24-0829843 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's 4 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 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (i) Name of supported organization (v) Amount of monetary (vi) Amount of other an EIN (iv) Is the organization listed (iii) Type of organization (described on lines 1-9 above (see instructions)) support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	2,382.	41,016.	76,145.	371.	16,971.	136,885.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	2,382.	41,016.	76,145.	371.	16,971.	136,885.		
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)						0.		
6	Public support. Subtract line 5 from line 4						136,885.		
Sec	tion B. Total Support					r · · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	2,382.	41,016.	76,145.	371.	16,971.	136,885.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,843.	283.	13,396.	26,337.	26,671.	74,530.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						211,415.		
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	0.		
	First five years. If the Form 990 is organization, check this box and	stop here					.		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
	Public support percentage for 20		• • •				64.75%		
	Public support percentage from						0.00%		
	33-1/3% support test — 2015. If and stop here. The organization	qualifies as a pul	olicly supported o	rganization			× X		
b	b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	17a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and organization meets the facts and organization meets the facts and organization meets	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ted organization	VI how the ►		
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 1/b, check th		structions		
n					Ο-1	a a aluda A Caa 00	10 ** COU E.M. JULY		

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees						
	and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis-						
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose						
3	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						
•	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		******				
7 a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13		:				
	1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support, (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from						
h	similar sources Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975.					:	
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years If the Form 990	is for the organization	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)((3)
	organization, check this box and	stop here		***********			
Sec	tion C. Computation of Pu	<u>blic Support P</u>	ercentage				<u> </u>
15	Public support percentage for 20						8
_16	Public support percentage from					16	3
	tion D. Computation of Inv	restment Incom	me Percentag	e - 1 5 - 1 5 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	(0)	17	%
		OF MILLS MINO 1130	, column (f) divide	eu by ime 13, colu	иип (I))		
17	Investment income percentage f	•		. 17		1 10	%
18	Investment income percentage f	rom 2014 Schedu	ile A, Part III, line				% and line 17
18	Investment income percentage f	rom 2014 Schedu	ile A, Part III, line did not check the	box on line 14. a	and line 15 is mor	re than 33-1/3%, a	and line 17
18 19	Investment income percentage fa 33-1/3% support tests — 2015. It is not more than 33-1/3%, check a 33-1/3% support tests — 2014. It	from 2014 Schedu f the organization this box and sto f the organization	lle A, Part III, line did not check the p here. The organ did not check a b	e box on line 14, a nization qualifies a pox on line 14 or l	and line 15 is mor as a publicly supp line 19a, and line	re than 33-1/3%, a ported organization 16 is more than 3	and line 17 n ► [] 33-1/3%, and
18 19 <i>a</i>	Investment income percentage f	from 2014 Schedule of the organization of this box and sto of the organization of the check this box is	ile A, Part III, line did not check the p here. The organ did not check a t and stop here. Th	e box on line 14, a nization qualifies a pox on line 14 or l ne organization qu	and line 15 is moi as a publicly supp line 19a, and line ualifies as a public	re than 33-1/3%, a ported organization 16 is more than 3 cly supported orga	and line 17 n

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations			
-			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		Comments of the Comments of th
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		Control of the contro
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	Principles (March 1997) And Control of the Control	
•	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		Charles and Charle
4:	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		Company of the compan
I	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	enter la constitución de la cons	Shrungan Shrungan Shrungan Shrungan Shrungan
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	The State of the S	
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
1	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	To the second se	Control of the Contro
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		organization of the control of the c
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	Appropriate Appropriate Control of the Control of t	
,	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	9c		The second secon
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		The second secon

supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.....

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete			ns. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ē	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
(Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):	Transcription of the second of		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	egrate	d Type III supporting org	anization

BAA

pporting Organiza	tions (continuea)						
		Current Year					
poses							
pported organizations.							
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							
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions							
(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
And the second state of th							
The second secon							
		A CONTRACTOR OF THE PROPERTY O					
A CONTROL OF THE PROPERTY OF T							
	The second secon						
	A STATE OF THE STA						
	The second secon	The state of the s					
The state of the s		PROVE STATE AND ADMINISTRATION OF THE PROPERTY					
	poses. f supported organizations pported organizations. on is responsive (provide	on is responsive (provide details (i) (ii) (ii) Excess Underdistributions					

BAA

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer Identification number

	THE ADVOCACY ALLIANCE		•	24-0829843
Pa	Organizations Maintaining Donor Complete if the organization answer	Advised Funds or Other Simila	ar Funds or Acc	
	Somproto ii tiio organiizationi antoni	(a) Donor advised funds	·	unds 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 dono are the organization's property, subject to the or	r advisors in writing that the assets he	ld in donor advised	funds Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of	, and donor advisors in writing that gra If the donor or donor advisor, or for any	ant funds can be use y other purpose con	ed only ferring
	impermissible private benefit?			Yes No
Pa	Conservation Easements. Complete if the organization answ		/, line 7.	
1	Purpose(s) of conservation easements held by t	he organization (check all that apply).		
	Preservation of land for public use (e.g., red	creation or education) Preserv	vation of a historical	ly important land area
	Protection of natural habitat	Preserv	vation of a certified l	nistoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution in	the form of a conserv	ation easement on the
	last day of the tax year.			eld at the End of the Tax Year
	a Total number of conservation easements		3-25000-5000	leid at the End of the Tax Tear
	a Total number of conservation easements b Total acreage restricted by conservation easem			
	$oldsymbol{c}$ Number of conservation easements on a certific			
		• •		
	d Number of conservation easements included in structure listed in the National Register	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2d	
3	Number of conservation easements modified, transfeax year ►		ted by the organizatio	n during the
4	Number of states where property subject to conserv			
5	Does the organization have a written policy regarded enforcement of the conservation easements	s it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, ins		_	
7	Amount of expenses incurred in monitoring, inspect \$	ing, handling of violations, and enforcing	conservation easeme	ents during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revenue and the organization's financial statements	d expense statement, s that describes the	and balance sheet, and organization's accounting for
Pa	Complete if the organization answ	tions of Art, Historical Treasur ered 'Yes' on Form 990, Part IV	es, or Other Sim /, line 8.	nilar Assets.
	a If the organization elected, as permitted under sart, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its finance	SFAS 116 (ASC 958), not to report in it	ts revenue statemer	nt and balance sheet works of
	b If the organization elected, as permitted under shistorical treasures, or other similar assets held for following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, li 			
	(i) Assets included in Form 990, Part VIII, II			
2	If the organization received or held works of art, his	torical treasures, or other similar assets f		· · · · · · · · · · · · · · · · · · ·
	amounts required to be reported under SFAS 1 a Revenue included on Form 990, Part VIII, line 1			
	b Assets included in Form 990, Part X			►\$

Partini Organizations mainta	inning Cone	CHOILS OF ALL, I	natorica	i iicasaics, Oi	Otto: Sittila Ass	C13 (CO)	min	<u>-u/</u>
3 Using the organization's acquisition items (check all that apply):	n, accession, ar		•	_	e a significant use of its	collection		
a Public exhibition		d L	oan or exc	change programs				
b Scholarly research		e	Other		****			
c Preservation for future gener	rations							
4 Provide a description of the organiz Part XIII.		·	-	-				
5 During the year, did the organiza to be sold to raise funds rather the						Yes		No
Part IV Escrow and Custodia line 9, or reported an	ı l Arrange m amount on	ents. Complete Form 990, Par	e if the c t X, line	rganization ans 21.	swered 'Yes' on Fo	rm 990,	Pari	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	or other intermed	diary for co	ontributions or othe	er assets not included	Yes	Γ	No
b If 'Yes,' explain the arrangement	t in Part XIII a	nd complete the fo	llowing ta	ble:			-	
						Amount		
c Beginning balance					1c			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance					11			
2 a Did the organization include an a	amount on For	m 990, Part X, line	e 21, for e	scrow or custodial	account liability?	Yes		No
b If 'Yes,' explain the arrangement					,		🗀	┪
• • • • • • • • • • • • • • • • • • • •								_
Part V Endowment Funds. C	Complete if I	he organizatio	n answe	red 'Yes' on Fo	rm 990, Part IV, lir	ne 10.		
Part of Eliasticity and St	(a) Current			(c) Two years back		(e) Fo	ir vears	s back
1 a Beginning of year balance		, car (B) i ii	or your	(c) The years back	(a) Three years bush	(0)10	ar your	, Duoit
b Contributions					-	ļ		
D CONTRIBUTIONS						 		
c Net investment earnings, gains,								
and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								-
-								
g End of year balance			a /lina 1a	astrono (a)) hald		<u> </u>		
, ,		-	e (iine 1g,	column (a)) neid	48;			
a Board designated or quasi-endowm		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
b Permanent endowment ►		0						
c Temporarily restricted endowmer		%						
The percentages on lines 2a, 2b, a	nd 2c should ed	ual 100%.						
3 a Are there endowment funds not in t	the possession	of the organization	that are he	ld and administered	for the	_		
organization by:	·	_					Yes	No
(i) unrelated organizations						. 3a(i)		
(ii) related organizations								
b If 'Yes' on line 3a(ii), are the rela	ated organizat	ons listed as requ	ired on So	hedule R?		. 3b		
4 Describe in Part XIII the intended	d uses of the	organization's endo	owment fu	nds.				
Part VI Land, Buildings, and	Equipment							
Complete if the organ			Form 99	0. Part IV. line	11a, See Form 99	0. Part	X. lir	ne 10.
Description of property						(d) Bo		
Description of property		(a) Cost or other b (investment)	asis (b) Cost or other basis (other)	(c) Accumulated depreciation	(a) Do	JUK Va	nue
1 a Land		Çzzanony		84,133.	the Section of the Se		84	,133.
b Buildings	I			606,203.	256,181.			,022.
c Leasehold improvements				2,197,455.	616,013.			,442.
d Equipment	١							
• •				1,519,791.	1,301,617.		410,	<u>,174.</u>
e Other				(D) line 10: 1			000	
Total. Add lines 1a through 1e. (Colun	nn (a) must eq	uai Form 990, Pai	τ Χ, colun	ın (B), line TUC.)				<u>,771.</u>
BAA					Sched	ule D (For	m 990) 2015

Complete if the organization answered Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of investment (b) Book value (c) Method of valuation: Deat or end-of-year market value (c) Method of valuation: Deat or end-of-year market value (c) Complete of the death of the deat	Part VII Investments — Other Securities.	N1 F 000	N/A	00 D V E 10
(2) Closely-held equity interests (2) Other (3) Closely-held equity interests (3) Other (4) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
22 Closely-held equity interests		(b) Book value	(c) Method of valuation: Cost or end-of-	-year market value
(3) Other (A) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	```			
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(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(6) (7) (8) (8) (9) Total, (Column (2), most sequel from 990, Part X, column (2), ine 123 Part VIII Investments — Program Related. Complete it the organization answered Yes' on Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year merket value (f) Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year merket value (f) Part X, line 13. (b) Book value (c) Method of valuation: Cost or end of year merket value (f) Part X, line 15. (g)	(A)			
(E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(R)			
(E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(C)			
(G)	(D)			
(G) (Column (b) must equal form 990, Part X, column (B) line 12. Total. (Column (b) must equal form 990, Part X, column (B) line 12. Total. (Column (b) must equal form 990, Part X, column (B) line 13. Total. (Column (b) must equal form 990, Part X, column (B) line 13. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 15. Total. (Column (b) must equal form 990, Part X, column (B) line 25. Total. (Column (b) must equal form 990, Part X, column (B) line 25. Total. (Column (b) must equal form 990, Part X, column (B) line 25. Total. (Column (b) must equal form 990, Part X, column (B) line 25. Total. (Column (b) must equal form 990, Part X, column (B) line 25. Total. (Column (b) must equal form 990, Part X, column (B) line 25. Total. (Column (b) must equal form 990, Part X, column (b) line 25. Total. (Column (b) must equal form 990, Part X, column (b) line 25. Total. (C				
Total. (Column (a) must equal Form 990, Part X, column (b) line 12)		•		
Total. (Column (b) must equal Form 390, Part X, column (B) line 12).				
Total, Column (b) must equal Form 990, Part X, column (B) line 13). Part X				
Part VIII Investments - Program Related.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (d) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
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(3) (4) (5) (6) (7) (8) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). ► Part X				
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(7) (8) (9) (10) Total. (Column (b) must equal form 990, Part X, column (B) line 13.)▶ Part IX. Other Assets. (a) Description (b) Book value (73, 627. (2) INVESTMENTS - DEFERRED COMPENSATION 204, 970. (3) MUTUAL FUND/GOVERNMENT SECURITIES 768, 021. (4) OTHER ASSETS 51, 923. (5) ROUNDING 1. (6) SECURITY DEPOSIT 1. (6) SECURITY DEPOSIT 1. (7) (8) (7) (8) (7) (9) (10) (
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). ▶ Part IX				
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Part IX				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (7) DUE FROM FRIENDSHIP HOUSE (8) 73,627. (2) INVESTMENTS - DEFERRED COMPENSATION (9) MUTUAL FUND/GOVERNMENT SECURITIES (10) COMPENSATION (11) TOTAL (COLUMN (12) DEPOSIT (12) SECURITY DEPOSIT (13) DEPOSIT (14) Column (15) must equal Form 990, Part X, column (15) line 15.) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (14) Deferration of liability (15) Ederal income taxes (16) ACCRUED COMPENSATED ABSENCES (17) ACCRUED COMPENSATED ABSENCES (17) ACCRUED WAGES AMD PAYROLL TAXES (17) ACCRUED WAGES AMD PAYROLL TAXES (18) (19) (10) (10) (11) Total. (Column (15) must equal Form 990, Part X, column (16) line 25.) (17) Total. (Column (15) must equal Form 990, Part X, column (16) line 25.) (17) Total. (Column (15) must equal Form 990, Part X, column (16) line 25.) (17) Total. (Column (16) must equal Form 990, Part X, column (16) line 25.) (17) Total. (Column (16) must equal Form 990, Part X, column (16) line 25.) (17) Total. (Column (16) must equal Form 990, Part X, column (16) line 25.) (17) Total. (Column (16) must equal Form 990, Part X, column (16) line 25.) (18) (19) (10) (11) Total. (Column (16) must equal Form 990, Part X, column (16) line 25.) (17) Total. (Column (16) must equal Form 990, Part X, column (16) line 25.) (18) (19) (19) (19) (19) (19) (19) (19) (19				
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(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) > 399, 456. 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		204,97		
(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) > 399, 456. 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				
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Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 399, 456. 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				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) > 399, 456. 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		_		
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		▶ 399,45	6.	
tay positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII	2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's fir	nancial statements that reports the organization's l	iability for uncertain

BAA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
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	6,866,135.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	PARTICION	
a Net unrealized gains (losses) on investments	100.00	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	-14,159.
3 Subtract line 2e from line 1	3	6,880,294.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	A 100 (100 (100 (100 (100 (100 (100 (100	
a Investment expenses not included on Form 990, Part VIII, line 7b	Control Land	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,880,294.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	'n
produced in the state of the st	Itctui	114
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	rtetai	11.
	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		6,575,260.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
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Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 a 2 b 2 c	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). 2 d	1	6,575,260.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d.	1 2e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2e	6,575,260.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	6,575,260.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b.	2e 3	6,575,260. 6,575,260.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 b	2e 3	6,575,260.

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

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Schedule D (Form 990) 2015

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ADVOCACY ALLIANCE

Employer identification number

24-0829843

Par	Questions Regarding Compensation		Yes	No
1 a	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 (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		Powerson in 10
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			10
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4 a	1500, 501105000,	Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
			Alarida Alarida Alarida Alarida Alarida Alarida	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		Andreas Total	
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		A Company of the Comp	
	The organization?	5 a		X
b	Any related organization?	5 b	ESSANCE AND	Х
6	If 'Yes' to line 5a or 5b, describe in Part III. 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:		negawanapy negawanapy	Andrew Comment
	The organization?	6a		X
b	Any related organization?	6b	AND SERVICE OF SERVICE	Х
	If 'Yes' on line 6a or 6b, describe in Part III.		Andready and annual and	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 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' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	•		

THE ADVOCACY ALLIANCE Schedule J (Form 990) 2015

Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 24-0829843

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 are not listed on Form 990, Part VII.

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

THE THE PROPERTY OF THE PROPER		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	i i		i i	
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(ii) Other reportable compensation	and other deferred compensation	benefits	(E) lotal of columns(B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
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16	E							WASTERNAME TO SERVICE
ВАА			TEEA4102L 10/26/15	S.			Schedule	Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 THE ADVO Part III Supplemental Information

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

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE ADVOCACY ALLIANCE

Employer identification number

24-0829843

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

PROMOTES MENTAL WELL BEING, SUPPORTS RECOVERY IN ADULTS WHO HAVE MENTAL ILLNESS,
RESILIENCY IN CHILDREN AND ADOLESCENTS WHO HAVE EMOTIONAL DISORDERS AND EVERYDAY
LIVES FOR PERSONS WHO HAVE DEVELOPMENTAL DISABILITIES AND PROVIDE TO THEM ADVOCACY
AND CULTURALLY COMPETENT SERVICES.

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

THE ORGANIZATION HAS THE FORM 990 PREPARED BY IT'S INDEPENDENT CPA FIRM, WHO ALSO PREPARES IT'S FINANCIAL STATEMENTS. THE 990 AND FINANCIAL STATEMENTS ARE THEN REVIEWED BY THE BOARD OF DIRECTORS AT A MEETING ATTENDED BY THE CPA FIRM. THE BOARD THE RECOMMENDS IF THE 990 SHOULD BE ACCEPTED AND FILED.

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

ON AN ANNUAL BASIS, OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES ARE REQUIRED

TO SUBMIT TO THE BOARD OF DIRECTORS ANY POTENTIAL CONFLICTS OF INTEREST. ANY

CONFLICTS OF INTEREST THAT ARE IDENTIFIED ARE DOCUMENTED AND APPROPRIATE PROCEDURES

AND FOLLOW UPS ARE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
GOVERNING DOCUMENTS, POLICIES, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE, UPON
REQUEST, TO THE GENERAL PUBLIC AT THE ORGANIZATION'S OFFICE DURING NORMAL BUSINESS
HOURS.

Form **990**

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	Fort	ne 2015 calen	dar year, or tax year begi	nning 7/01	, 2015,	and ending	6/3	30		, 2016		
В	Check	if applicable:	С							tification numbe	r	
	A	ddress change	FRIENDSHIP HOUS	E				24-	0795	422		
	N:	ame change	1509 MAPLE STRE	ET				E Telepho				
	In	itial return	SCRANTON, PA 18	505								
	\vdash	nal return/terminated						(5/	<i>J)</i> 3	42-8305		
	H	mended return								A		
	\vdash	pplication pending	F Name and address of princip	-1-#:	*****	1.52		G Gross r				<u>226.</u>
	∐^			oar onicer;			-	a group retur		1 1	Yes	X No
			SAME AS C ABOVE		I	п(יי Are all 'If 'No,'	subordinates attach a list.	include (see ins	d? structions)	Yes	No
<u> </u>		exempt status	X 501(c)(3) 501(c) ()◀ (insert no.)	4947(a)(1) or	527				·		
J			W.FRIENDSHIPHOUS	SEPA.ORG		H(c) Group e	exemption nu	ımber 🕨	-		
K		n of organization:	X Corporation Trust	Association Other ►	L\	Year of formation:	1873	3 Mis	itate of I	legal domicile:	PA	
Pa	art l	Summar	У									
	1	Briefly describ	be the organization's miss	sion or most significant	activities: <u>F</u> F	RIENDSHIE	HOU	SE IS	DEDI	CATED T	ō	
ģ		LAMITTIF?	AND THEIR CHILL	REN WITH AUTISM	4. WITH E	${ t MOTIONAL}$	AND/	OR BEF	IAVTO	ORAT.		
핆		DIFFICUL	TIES, AND CHILDR	EN TRAUMATIZED	BY LOSS.	ABUSE O	R NEC	ייי ד.ד.	V DI	ROVIDING	, — —	
딞	_	TNDTATDO:	ALIZED SERVICES	WHICH MAXIMIZE	THE CHIL	DREN'S P	HYSIC	AL. EM	TTO	ONAT.		. — — —
õ	2	Check this bo	🗴 🏲 📗 🖽 the organization	on discontinued its oper	ations or disno	osed of more	than 25	5% of its	net as	sets.		. — — —
৵	3 4	Number of vo	ting members of the gove	erning body (Part VI, lin	e la)				3			16
es	5	Total number	dependent voting member	is of the governing body	/ (Part VI, line	: Ib)	• • • • • • •		4			16
Ή	6	Total number	of individuals employed i of volunteers (estimate it	n calendar year 2015 (F	art v, line 2a) <i> </i>	• • • • • •		5			248
Activities & Governance	72	Total unrelate	ed business revenue from	Part VIII. column (C) li	no 12				6			0
1		Net unrelated	business taxable income	from Form 990.T line	∏E I∠ 2∕I		• • • • • • •		7a			0.
		Tiot am olatoa	Dadified taxable friedific	month of the South, little	J-4 ,				7b			0.
	8	Contributions	and grants (Part VIII, line	1h)		<u> </u>	PI	rior Year		Curren		
Revenue	9	Program servi	ice revenue (Part VIII, lin	e 2a)				31,5				<u> 197.</u>
S I	10	Investment in	come (Part VIII, column (Δ lines 3 Δ and 7d)			8	,229,1				692.
B.	11	Other revenue	e (Part VIII, column (A), li	ines 5 6d 8c 9c 10c :	and 11a)			12,3				547.
	12	Total revenue	 add lines 8 through 11 	(must equal Part VIII	column (A) lir	ne 12)		149,4				<u>961.</u>
	13	Grants and sir	milar amounts paid (Part	IX column (A) lines 1-	3)	10 12)	8	,422,4		9,00		<u>397.</u>
	14	Benefits paid	to or for members (Part I	X column (Δ) line (1)	0)			1,4	20.		<u> </u>	<u>535.</u>
	15	Salaries othe	r compensation, employe	o honofite (Port IV acti	uma (A) limaa	F 10)						
es							5	<u>,573,6</u>	64.	6,35	6,1	080.
Sus			undraising fees (Part IX,									
Expenses			ing expenses (Part IX, co			6,801.						
"	17	Other expense	es (Part IX, column (A), li	nes 11a-11d, 11f-24e)			2	,759,9	51.	2.65	7.!	544.
	18	Total expense	s. Add lines 13-17 (must	equal Part IX, column (A), line 25)			,335,0				159.
	19	Revenue less	expenses. Subtract line 1	8 from line 12				87,4	-			238.
Net Assets or Fund Balances							3eainnina	g of Current		End of		
3ala	20	Total assets (F	⊃art X, line 16)					,998,3				702.
nd A	21	Total liabilities	(Part X, line 26)					,457,1				980.
ΣZ	22 I	Net assets or a	fund balances. Subtract li	ine 21 from line 20,				,541,1				722.
Pa		Signature				L		, , , , ,	33.1	3,02	υ,	124.
Unde	r penalti		elare that I have examined this retier (other than officer) is based on	urn, including accompanying sch	nedules and statem	ents, and to the I	est of my	knowledge :	and helic	ef it is true con	ect a	
comp	lete. De	claration of prepare	er (other than officer) is based on	all information of which prepare	r has any knowled	ge.	,	ooago (/	/	cci, a	ii iu
			Mark Mms					10	119	1/6		
Sig	n	Signature	of officer	}			Date	9 / 6 /	· //	<i></i>		
Her	е		J. HAZZOURI			I	RESI	DENT &	CEC)		
		Type or p	orint name and title.									
		Print/Type pre	parer's name	Preparer's signature		Date	[Check	if F	PTIN		
Paid	d	MICHAEL	A. BARBETTI, CPA	MICHAEL A. BARBET	ri, cpa			ــــ self-employe	-	P01212102		
Pre	pare	Firm's name	► MICHAEL A. BARBI					,				
Use	Only	y Firm's address						Firm's EIN	27_4	2871459		
		ĺ	DUNMORE, PA 1851									
Mav	the IF	RS discuss this	return with the preparer	shown above? (see ins	tructions)	Himimahan and a san		HORE HO.	(3/0)	346-2057 X Yes		Ne
			duction Act Notice see t							A Tes	لبد	No

	n 990 (2015) FRIENDSHIP HOUSE	24-0795422	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or	<u> </u>
	Form 990 or 990-EZ?		res X No
	If 'Yes,' describe these new services on Schedule O.		103 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	nvices?	Yes X No
	If 'Yes,' describe these changes on Schedule O.	ivices:	Yes X No
4	· · · · · · · · · · · · · · · · · · ·		1
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	rices, as measured as to others, the to	i by expenses. tal expenses
	and revenue, if any, for each program service reported.	is to others, the to	ιαι σχροποσο,
4 a	a (Code:) (Expenses \$ 2,306,719. including grants of \$) (F	Revenue \$ 2	,979,879.)
		OXIMATELY 25	
	UNITS OF SERVICE PROVIDED.		2
4 b	o (Code:) (Expenses \$2,184,175. including grants of \$ 1,535.) (F	Revenue \$ 2	,158,408.)
	THE OTHER PROGRAM SERVICES PROVIDED ARE GROUP HOME, ADOPTION, OU	TPATIENT, SO	CHOOL
	BASED BEHAVIORAL HEALTH, CENTER FOR EARLY LEARNING (DAYCARE) AND	EARLY HEAD	START.
	(O-d) (European d. d. 200 d. 21 ') ' (<u> </u>	
4 c		Revenue \$ <u>1</u>	<u>,945,778.</u>)
	FOSTER CARE - PROVIDED TEMPORARY RESIDENCE (ROOM AND BOARD) TO S	OCIALLY AND	
	EMOTIONALLY DISTURBED CHILDREN PRIOR TO THE RETURN TO THEIR HOME	<u>, ADOPTION, </u>	OR OTHER
	PLACEMENT ARRANGEMENTS. 45,595 CARE DAYS ARE PROVIDED.		
Λ Α	Other program services. (Describe in Schedule O.) SEE SCHEDULE O		
→ u	(Expenses \$ 1,270,885. including grants of \$) (Revenue \$	1 700 0	27 \
1-	• Total program service expenses ► 7,464,930.	1,763,6	41.)
40	Total program service expenses 7,404,930.		

Form 990 (2015) FRIENDSHIP HOUSE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
i	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
C	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
6	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
r	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

24-0795422 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Χ 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H..... 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II............. Χ 21 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J..... X 23 24a Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I...... 25a Χ **b** Is the organization aware that it engaged in an excess benefit transaction with a 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..... Х 25b Χ 26 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. Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... Χ 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II..... 32 Χ 33 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X and Part V, line 1..... 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... X 35a 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..... Х 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 Х 37

38 BAA

38

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

Note. All Form 990 filers are required to complete Schedule O.

Part	: V	Sta	tements	Regarding	Otl	her IRS	Filings	and 7	Гах С	ompliance	

Check if Schedule O contains a response or note to any line in this Part V				. П
			Yes	
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 19			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 248			
b If at least one is reported on line 2a, did the organization file all required federal employmen		2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see ins				
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fi		4 a		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)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	x year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6.3 Does the organization have appual gross receipts that are normally greater than \$100,000, a	nd did the organization			
 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?		6a		Х
not tax deductible?	ons or gitts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	1			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7-	X	31.5
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7a 7b	X	-
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		7.0		ļ
Form 8282?	vas required to life	7с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file F as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file a			
Form 1098-C?	by the energoring	7 h	ub alsonic	Sep. (507.5)
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.		-		
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	4	9 b		
10 Section 501(c)(7) organizations. Enter:		0.0		
a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11 a	100	. 1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13 a		
Note. See the instructions for additional information the organization must report on Schedul				
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	الما	100		
c Enter the amount of reserves on hand	13 c	4.		V.
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 S	Scriedule U	14b	990	(201E)
10101000 1011010		1 0111	, 556	(-010)

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year.....
If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad
authority to an executive committee or similar committee, explain in Schedule O. 1 a 16 **b** Enter the number of voting members included in line 1a, above, who are independent..... 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Х Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 6 Did the organization have members or stockholders?.... Х 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Х 8 a **b** Each committee with authority to act on behalf of the governing body?..... X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12 c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... Х 15 a b Other officers or key employees of the organization... SEE . SCHEDULE. .O. 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > PΑ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTINE GILROY, CPA 1509 MAPLE STREET SCRANTON PA 18505 (570) 342-8305

Form	990	(2015)	FRIENDSHIP	HOUSE

24-0795422

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

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

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

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

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

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

(A) Position (do not check more than one box, unless person (D) (E) (F)	
Name and Title Average is both an officer and a Reportable Reportable Estimated hours director/trustee) compensation from compensation from amount of the compensation from the	other
week (list any hours for related tons below dotted line) Week (list any hours for related tons below dotted line)	ne tion ted
(1) FRANCIS E. CROWLEY 0.3 0.3	
NON-VOTING MEMB 0 X 0.	0.
(2) LAURIE M. CADDEN 0.3	
BOARD MEMBER 0 X 0. 0.	0.
(3) BRENDA BISTOCCHI 0.3	
SECRETARY 0 X X 0.	0.
BOARD MEMBER 0 X 0.	0.
(5) SUSAN COGNETTI 0.3	
BOARD MEMBER 0 X 0.	0.
	0
CHAIRMAN 0 X X 0. 0. (7) MICHAEL KELLY 0.3	0.
BOARD MEMBER 0 X 0.	0
(8) HONORABLE THOMAS BLEWITT 0.3	0.
BOARD MEMBER 0 X 0.	0.
(9) DEBORAH MORAN PETERSON 0.3	<u> </u>
BOARD MEMBER 0. 0.	0.
(10) PATRICK WALSH ESQ 0.3	<u> </u>
1ST VICE CHAIR 0 X X 0.	0.
(11) RICHARD BEASLEY 0.3	<u> </u>
BOARD MEMBER 0 X 0.	0.
(12) KATHLEEN MUNLEY, PH.D. 0.3	
BOARD MEMBER 0 X 0.	0.
(13) JOHN KEARNEY 0.3	
TREASURER 0 X X 0.	0.
(14) ELAINE SHEPARD 0.3	***************************************
BOARD MEMBER 0 X 0.	0.

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Part VII Section A. Officers, Directors, Tr	(B)	ney	Em	DIC (C		es,	and	a Hignest Con	ipensated Emp	loyees (continued)
(A) Name and title	Average hours per week (list any	offi	, unles cer and	Position t check more than one nless person is both an and a director/trustee) Reportable compensation fro		Reportable compensation from	Reportable compensation from related organizations (W-2/1039-MISC)	(F) Estimated amount of other compensation from the		
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	ficer	Key employee	Highest compensated employee	mer		,	organization and related organizations
(15) MICHELENE PAGNOTTI 1ST VICE CHAIR	0.3	X						0.	0.	0.
(16) DANIEL SANTANIELLO 2ND VICE CHAIR		Х		х				0.	0.	0.
(17) C RANDOPLH WILLIAMS BOARD MEMBER	0.3	X		-				0.	0.	0.
(18) VARSHA PANDYA, MD MEDICAL DIRECTOR	<u>20</u> 0				Х			163,068.	0.	0.
(19) JAMES MARTIN VICE PRESIDENT / COO	40				X			128,357.	0.	0.
(20) CHRISTINE GILROY VICE PRESIDENT/CFO	40 _				X			99,762.	0.	0.
(21) ALEX HAZZOURI PRESIDENT / CEO	$-\frac{0}{20}$				X					
(22)		-						0.	87,695.	0.
(23)										
(24)										
(25)	 									
1 b Sub-total							>	391,187.	87,695.	0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)							*	0. 391,187.	0. 87,695.	0.
 Total number of individuals (including but not limited from the organization ► 2 	I to those li	isted	above	e) w	vho	recei	ved		0 of reportable comp	pensation
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	ctor, or tru	stee,	key	em	ploy	/ee,	or h	nighest compensa	ted employee	Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.										
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person										
Section B. Independent Contractors										
1 Complete this table for your five highest comper compensation from the organization. Report comper	isated indensation for	epen the c	dent alenda	cor ar y	ntrad dear	ctors endi	tha ng v	it received more t vith or within the or	han \$100,000 of ganization's tax yea	•
(A) Name and business address					(B) Description of services		(C) Compensation			
2 Total number of independent contractors (including to the company time from the company time from the company time from the company time from the company time.		ted to	thos	e li	sted	abo	ve) '	who received more	than	
\$100,000 of compensation from the organization		TTT A O	1001	4014						Form 990 (2015)

Form 990 (2015) FRIENDSHIP HOUSE
Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII							
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns1 ab Membership dues1 bc Fundraising events1 cd Related organizations1 d							
ntributions, d Other Simi	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$	22,197.						
S ĕ	h Total. Add lines 1a-1f		22,197.					
		Business Code						
Program Service Revenue	2a AUTISM	611710	2,979,879.	2,979,879.				
E E	b FOSTER CARE	611710	1,945,778.	1,945,778.				
9	c SCHOOL BASED BEHAVIORAL		1,763,627.	1,763,627.				
ervi	d OUTPATIENT	611710	1,018,973.	1,018,973.	· · · · · · · · · · · · · · · · · · ·			
пS	e GROUP HOME	611710	499,098.	499,098.				
Itar	f All other program service revenue	WKS						
Ď,	g Total. Add lines 2a-2f		640,337.	640,337.				
о.	-		8,847,692.					
	 Investment income (including dividend other similar amounts)	bond proceeds	40,547.	40,547.				
	(i) Real	(ii) Personal						
		(II) reisonai						
	6a Gross rents			And the second				
	b Less: rental expenses				1 m			
	c Rental income or (loss)			TO SECURE 1	1			
	d Net rental income or (loss)	▶						
	7 a Gross amount from sales of assets other than inventory (i) Securities	(ii) Other						
	b Less: cost or other basis and sales expenses							
	d Net gain or (loss)					Yamina and American		
Other Revenue	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c).							
ď.	See Part IV, line 18	a 31,550.				Factor 1		
Je.	b Less: direct expenses							
₹	c Net income or (loss) from fundraising e	events	6,721.					
	9 a Gross income from gaming activities. See Part IV, line 19							
ĺ	b Less: direct expenses		11.00			1 A 2		
c Net income or (loss) from gaming activities ▶								
	O a Gross sales of inventory, less returns and allowances b Less: cost of goods sold	~~~~						
c Net income or (loss) from sales of inventory			<u> </u>					
-								
	Miscellaneous Revenue	Business Code						
ľ	1a OTHER	611710	86,751.	86,751.				
1	b RELEASED RESTRICTED	611710	57,632.	57,632.				
		611710	2,857.	2,857.				
	d All other revenue							
	e Total. Add lines 11a-11d		147,240.					
}	2 Total revenue. See instructions		9.064.397.	9.035.479	Λ	Λ		

Part IX Statement of Functional Expenses

	ction 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re	esponse or note to any	line in this Part IX	· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			- 1801 - 1802	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,535.	1,535.		(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
3	organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	. 0.	0.	0.
7		5,409,976.	4,638,780.	771,196.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3, 403, 310.	4,030,700.	771,130.	
9	Other employee benefits	564,348.	485,925.	78,423.	
10	Payroll taxes	381,756.	334,416.	47,340.	
	Fees for services (non-employees):				
	a Management				
	b Legal	44,773.		44,773.	
	c Accounting	35,000.		35,000.	
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
ç	g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	397,532.	300,173.	97,359.	
12	Advertising and promotion	12,682.	12,319.	363.	
13	Office expenses	69,025.	41,376.	27,649.	
14	Information technology	3,492.	551.	2,941.	
15	Royalties				
16	Occupancy	288,348.	182,299.	106,049.	
17	Travel	71,818.	63,276.	8,542.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,332.	9,173.	2,159.	
20	Interest	22,008.		22,008.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	174,026.	88,782.	85,244.	
23	Insurance Other expenses. Itemize expenses not	208,896.	48,410.	160,486.	
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ä	FOSTER CARE & ADOPTION	1,075,340.	1,075,340.	The second secon	
_	OTHER EXPENSE	87,902.	55,076.	29,812.	3,014.
	VEHICLE EXPENSES	56,613.	55,021.	1,592.	
	MAINTENANCE & REPAIR SUPPLIES	48,831.	26,339.	22,492.	
	All other expenses	49,926.	46,139.		3,787.
25	Total functional expenses. Add lines 1 through 24e	9,015,159.	7,464,930.	1,543,428.	6,801.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	,			
ВАА	· · · · · · · · · · · · · · · · · · ·	TEEA0110L 11	!		Form 990 (2015)

1 Cash — non-interest-bearing. 2 Savings and temporary cash investments 327, 949. 2 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net. 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10 a Land, buildings, and equipment: cost or other basis.	
2 Savings and temporary cash investments 327,949. 2 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 37,406. 9 10a Land, buildings, and equipment: cost or other basis.	(B) of year
3 Pledges and grants receivable, net	10,910.
4 Accounts receivable, net	534,206.
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	151,836.
Fart II of Schedule L	216,070.
section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
8 Inventories for sale or use	
10a Land, buildings, and equipment: cost or other basis.	
10a Land, buildings, and equipment: cost or other basis.	3,040.
10a Land, buildings, and equipment: cost or other basis.	35,561.
Complete Part VI of Schedule D	
	885,575.
11 Investments – publicly traded securities	1,526.
12 Investments – other securities. See Part IV, line 11	
13 Investments – program-related. See Part IV, line 11	
14 Intangible assets	
	266,978.
	105,702.
	865,692.
18 Grants payable	200,002.
19 Deferred revenue	27,500.
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	
23 Secured mortgages and notes payable to unrelated third parties	351,825.
24 Unsecured notes and loans payable to unrelated third parties	JJI, 04J.
25 Other liabilities (including federal income tax, payables to related third parties,	239,963.
	484,980.
Organizations that follow SFAS 117 (ASC 958), check here ►	
27 Unrestricted net assets	268,602.
28 Temporarily restricted net assets	108,878.
29 Permanently restricted net assets	243,242.
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 3,210,564. 27 3, 28 28 29 Permanently restricted net assets. 290,834. 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds. 3,541,133. 33 3,541,133. 34 3,541,133. 34 3,541,133. 34 3,541,133. 35 3,541,133.	
δ 30 Capital stock or trust principal, or current funds	, and the second second
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds	
33 Total net assets or fund balances	620,722.
34 Total liabilities and net assets/fund balances	105,702.

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Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part Xl				🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,0	64,3	97.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,0	15,1	.59.
3	Revenue less expenses. Subtract line 2 from line 1	3		49,2	38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,5	41,1	.33.
5	Net unrealized gains (losses) on investments	5		30,3	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				,
7000	column (B))	10	3,6	20,7	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				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.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
	b Were the organization's financial statements audited by an independent accountant?		2 b	х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa		2.0		
	basis, consolidated basis, or both:	10			
	X Separate basis Consolidated basis Both consolidated and separate basis				1
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	An Million of American Street
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	Х	
RΔ			Form	990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

24-0795422 FRIENDSHIP HOUSE Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 X 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-9 above (see instructions)) support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) Total Schedule A (Form 990 or 990-EZ) 2015

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

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						
beg	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		**************************************	***************************************			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	:					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)				
13	First five years. If the Form 990 is organization, check this box and						▶
Sec	tion C. Computation of Pu						
14	Public support percentage for 20						<u></u>
	Public support percentage from					. 1	%
16:	a 33-1/3% support test — 2015. If and stop here. The organization	the organization qualifies as a pul	did not check the olicly supported o	box on line 13, and rganization	nd line 14 is 33-1,	/3% or more, ched	ck this box
i	o 33-1/3% support test — 2014. If t and stop here. The organization	he organization d qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is	33-1/3% or more,	check this box
17:	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est — 2015. If the omeets the 'facts-and-circumstand	organization did r and-circumstance: es' test. The orga	ot check a box or s' test, check this nization qualifies	n line 13, 16a, or box and stop her as a publicly sup	16b, and line 14 is 'e. Explain in Part ported organizatio	s 10% VI how on
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop he r a publicly support	'e. Explain in Part ed organization	VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	or 17b, check th	is box and see ins	structions

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

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

	tion A. Public Support						
	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gitts, grants, contributions and membership fees						
	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	140 000	60 61 5	00 700	21 500	00 405	005 101
2	Gross receipts from admis-	149,009.	62,615.	29,783.	31,500.	22,197.	295,104.
4	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	11810119.	9,146,316.	7,745,995.	8,229,194.	8,847,692.	45,779,316.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						0.
•	organization's benefit and						
	either paid to or expended on its behalf						0.
5	The value of services or						<u></u>
	facilities furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	11959128.	9,208,931.	7,775,778.	8,260,694.	8,869,889.	46,074,420.
	Amounts included on lines 1,		, , , , , , , , ,		, , , ,	, , , , , , , , , ,	
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ł	Amounts included on lines 2	0.	<u> </u>	0.	0.	0.	<u> </u>
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						46,074,420.
Sec	tion B. Total Support						10,014,420.
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6,	11959128.	9,208,931.	7,775,778.	ļ	, ,	46,074,420.
	Gross income from interest, dividends,	11303120.	3,200,302.	7,770,770.	0,200,051.	0,003,003.	10,074,420.
	payments received on securities loans,						
	rents, royalties and income from similar sources	15,364.	10,564.	31,770.	12,352.	40,547.	110,597.
Ŀ	Unrelated business taxable	10/001.	10,001.	31,770.	12,002.	10/31/.	110,337.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
_	: Add lines 10a and 10b	15,364.	10,564.	31,770.	12,352.	40,547.	110,597.
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part VI.). SEE. PART. VI	44	408.005	400			
10		115,829.	137,288.	120,780.	128,507.	144,383.	646,787.
ΙJ	Total support. (Add lines 9, 10c, 11, and 12.)	12090321	9,356.783	7,928.328	8,401.553	9.054.819	46,831,804.
14	First five years. If the Form 990	is for the organiza	ation's first, secor	nd, third, fourth, a	or fifth tax vear as	a section 501(c)((3)
	organization, check this box and	stop here					`
	tion C. Computation of Pul				water water a second and a second a second and a second a		
	Public support percentage for 20			. , , , , ,		5	98.38 %
	Public support percentage from 2				, , , , , , , , , , , , , , , , , , , ,	16	98.29 %
	tion D. Computation of Inv				40.	T	1
17	Investment income percentage for	•		-		<u></u>	0.24 %
	Investment income percentage fr						0.17 %
	33-1/3% support tests — 2015. If is not more than 33-1/3%, check	this box and stop	here. The organ	ization qualifies a	as a publicly supp	orted organizatior	n ► X
b	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or I	ine 19a, and line	16 is more than 3	3-1/3%, and
20	Private foundation. If the organiz						
				, ., .,			

Part IV | Supporting Organizations

Section A. All Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
,	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	4.4	
1	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		3 3 3
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	Section State	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
-	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
,	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	9c		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>	10a		
i	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	ction B. Type I Supporting Organizations		,	
1	Did the directors, trustees, or membership of one or more supported executables have the neglectic executable executable executable.	(Westernament	Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	1 1	
Sed	ction C. Type II Supporting Organizations	•		<u> </u>
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
		(continuo in the	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		T
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			***************************************
•	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		1		
,	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	15).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
ı	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
i	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	TV Type III Non-Functionally integrated 509(a)(3) Supporting Orga	ınıza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovemb Sect	er 20, 1970. See instructio tions A through E.	ns. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
	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	54. 27.	
5	Income tax imposed in prior year	5	110	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grate	d Type III supporting orga	anization
BAA			Schedule A (Forn	n 990 or 990-EZ) 2015

Page 7

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	ions (continued)	
	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	1		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:			
ā				
t				
C				
	From 2013			
	From 2014			
	f Total of lines 3a through e			
ç	Applied to underdistributions of prior years			
ł	Applied to 2015 distributable amount			
	i Carryover from 2010 not applied (see instructions)		(9)	
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2015 from Section D, line 7: \$			
ā	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c		21 E 12 12 12 12 12 12 12 12 12 12 12 12 12	
8	Breakdown of line 7:			
	the state of the s			
	Excess from 2013			
	Excess from 2014	127.2		
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		2015		2014	-	2013		2012		2011
OTHER TOTAL	\$ \$	144,383. 144,383.	\$ \$	128,507. 128,507.	\$ \$		\$ \$	137,288. 137,288.	\$ \$	115,829. 115,829.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization		Employer Identification number
FRIENDSHIP HOUSE		24-0795422
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Genera	I Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
▼ For an organization filing Form 990, 990-F	Z, or 990-PF that received, during the year, contributions total	aling \$5,000 or more (in money or
property) from any one contributor. Comple	ete Parts I and II. See instructions for determining a contribu	itor's total contributions.
Special Rules		
For an organization described in section 50	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	port test of the regulations
received from any one contributor, during t	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000 or (200-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that 2) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 99	0-EZ, line 1. Complete Parts I and II.	
For an organization described in section 50	11(c)(7) (8) or (10) filing Form 990 or 990-F7 that received	from any one contributor
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, I	iterary, or educational
purposes, or for the prevention of cruelty to	o children or animals. Complete Parts I, II, and III.	
Te togate to the time of	01(1)(7) (0) (10) (iii Farma 000 000 F7 Had we called	form one and the day
	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received or religious, charitable, etc., purposes, but no such contribut	
\$1,000. If this box is checked, enter here the	he total contributions that were received during the year for	an <i>exclusively</i> religious,
charitable, etc., purpose. Do not complete	any of the parts unless the General Rule applies to this organ ble, etc., contributions totaling \$5,000 or more during the ye	anization because
it received <i>nonexclusively</i> religious, charital	ble, etc., contributions totaling \$5,000 of more during the ye	ar
Caution. An organization that is not covered by	v the General Rule and/or the Special Rules does not file So	chedule B (Form 990, 990-E7, or
990-PF), but it must answer 'No' on Part IV, lin	y the General Rule and/or the Special Rules does not file Some 2, of its Form 990; or check the box on line H of its Form	990-EZ or on its Form 990-PF,
Part I, line 2, to certify that it does not meet th	e filing requirements of Schedule B (Form 990, 990-EZ, or 9	フラ∪-┌ ┌ ノ .

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

	FRIENDSHIP HOUSE		24-0795422
Pai	TI Organizations Maintaining Dono Complete if the organization ansv	r Advised Funds or Other Similar vered 'Yes' on Form 990, Part IV,	Funds or Accounts.
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
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 dor are the organization's property, subject to the	or advisors in writing that the assets held organization's exclusive legal control?	in donor advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that grant of the donor or donor advisor, or for any c	funds can be used only other purpose conferring Yes No
Pai	t II Conservation Easements.		
		vered 'Yes' on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by	1137	
	Preservation of land for public use (e.g., r	· L	ion of a historically important land area
	Protection of natural habitat	Preservat	ion of a certified historic structure
•	Preservation of open space	ald a margin to a second of the second	
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eid a qualified conservation contribution in the	e form of a conservation easement on the
			Held at the End of the Tax Year
ä	Total number of conservation easements		2a
ŀ	Total acreage restricted by conservation easer	nents	2 b
(Number of conservation easements on a certif	ied historic structure included in (a)	2 c
(Number of conservation easements included in	n (c) acquired after 8/17/06, and not on a h	nistoric
_	structure listed in the National Register		
3	Number of conservation easements modified, trantax year ►	sterred, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conse	vation easement is located ►	
5	Does the organization have a written policy re-	garding the periodic monitoring, inspection	, handling of violations,
	and enforcement of the conservation easemer		
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, and enforcin	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspe ►\$	cting, handling of violations, and enforcing co	nservation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t conservation easements.		
Par	Organizations Maintaining Colle	ctions of Art, Historical Treasures vered 'Yes' on Form 990, Part IV,	, or Other Similar Assets. line 8.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	SFAS 116 (ASC 958), not to report in its old for public exhibition, education, or research cial statements that describes these items	revenue statement and balance sheet works of in furtherance of public service, provide,
Ŀ	following amounts relating to these items:		nue statement and balance sheet works of art, urtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,		
	(ii) Assets included in Form 990, Part X		·
	If the organization received or held works of art, h amounts required to be reported under SFAS		
	Revenue included on Form 990, Part VIII, line	1	
L	Assets included in Form 990, Part X		►Ś

Part III Organizations Waintai	ning Colle	ctions of	Art, Histori	cai ireasu	res, or O	ther Similar Ass	sets (co	ontinue	<u>ea)</u>		
3 Using the organization's acquisition, items (check all that apply):	, accession, ar	id other recor	ds, check any	of the followin	g that are a	significant use of its	collection	1			
a Public exhibition											
b Scholarly research e Other											
c Preservation for future generations											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
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 Escrow and Custodial line 9, or reported an a	Arrangem amount on	ents. Con Form 990	nplete if the , Part X, Iir	e organizat ne 21.	ion answ	ered 'Yes' on Fo	orm 990), Part	i IV,		
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodiar	or other in	termediary for	r contribution	s or other a	ssets not included	Yes	Г	No		
b If 'Yes,' explain the arrangement								L			
		•					Amount				
c Beginning balance						1 c		*************************************			
d Additions during the year						1 d					
e Distributions during the year						1 e					
f Ending balance		.,,,,,,,,,,,			<i>.</i>	1 f	· · · · · · · · · · · · · · · · · · ·				
2 a Did the organization include an ar	mount on For	m 990, Part	X, line 21, fo	r escrow or c	ustodial ac		Yes		No		
b If 'Yes,' explain the arrangement						•	<u>L</u>		┤		
Z , co, explain, the all all genient		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in the emphatian	101. 1.40 20011	promada o				_		
Part V Endowment Funds. Co	omplete if t	he organi	zation ansv	vered 'Yes	on Form	990 Part IV I	ine 10				
p. a., s. a.	(a) Current		(b) Prior year		ears back	(d) Three years back		our years	hack		
1 a Beginning of year balance	290,		272,012		56,596.	248,309	· · · ·	280,			
b Contributions	230,	001.	2/2,012	2.	30,330.	240,303	•	2007	010.		
c Net investment earnings, gains,						·					
and losses	-47,	592.	18,822	2.	5,416.	18,287		-31,	707.		
d Grants or scholarships											
e Other expenditures for facilities and programs						0					
f Administrative expenses											
g End of year balance	243,	242.	290,834	1. 2	72,012.	266,596		248,	309.		
2 Provide the estimated percentage	of the currer	nt year end l	palance (line	1g, column (a	a)) held as:						
a Board designated or quasi-endowme	ent ►		િ								
b Permanent endowment ►	%		_								
c Temporarily restricted endowmen	t ►	%									
The percentages on lines 2a, 2b, an	d 2c should ec	ual 100%.									
•				h. 1.1		.11					
3 a Are there endowment funds not in the organization by:	ne possession	of the organia	zation that are	neid and adm	inistered for	tne	Γ	Yes	No		
(i) unrelated organizations							3a(i)	Х			
(ii) related organizations									X		
b If 'Yes' on line 3a(ii), are the relat											
4 Describe in Part XIII the intended								1			
Part VI Land, Buildings, and E			3 CHOWITICH	Turius.							
Complete if the organization			s' on Form	990, Part I	V, line 1	la. See Form 99	90, Par	t X, lir	ne 10.		
Description of property		a) Cost or o (investr	ther basis nent)	(b) Cost or o	ther er)	(c) Accumulated depreciation	(d) E	Book va	lue		
1 a Land						100					
b Buildings				5,300,	214.	2,414,639.	2	,885,	575.		
c Leasehold improvements											
d Equipment	⊢										
e Other	L										
Total. Add lines 1a through 1e. (Column		ual Form 99	0. Part X. col	umn (B). line	10c.)	>	2	,885,	575		
BAA			,,	(-),			dule D (Fo				

Part VIII Investments — Other Securities. Complete if the organization answered	l'Voc' on Form 99	N/A	On Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financial derivatives	(2) 2001. (2.12)	(b) moded of valuation book of one of	Jour Marine Value
(2) Closely-held equity interests			
(3) Other			······································
(A)			
(B)			
(C)			· · · · · · · · · · · · · · · · · · ·
(D)			
<u>(E)</u>			
(F)			
<u>(G)</u>			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			No.
Part VIII Investments – Program Related.		N/A	
Complete if the organization answered	d 'Yes' on Form 990	0, Part IV, line 11c. See Form 9	90, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)			
(2)			
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.			00 D V !: 1E
Complete if the organization answered		U, Part IV, line 11d. See Form 9	
(1) BENEFICIAL INTEREST IN PERPETUAL	scription TOTICT		(b) Book value 243, 242.
(2) DEFERRED FINANCING COSTS (NET)	11/021		921.
(3) DUE FROM ADVOCACY ALLIANCE			22,815.
(4)			22,010.
(5)			
(6)			
(7)			
(8)			
(9)			·····
(10)	and the second s		
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	······	266,978.
Part X Other Liabilities.	000 D W P 1	1 11f O F 000 Dt V H 0F	
Complete if the organization answered 'Yes' on F (a) Description of liability			
(1) Federal income taxes	(b) Book value		34.64
(2) DUE TO THE ADVOCACY ALLIANCE	239,96		
(3)	239,90		Entered Court
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote	nas peen provided in Part XII	1	

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	,397.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	<u>,397.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	,397.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	,159.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	,159.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	1 - 0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	,159.

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FRIENDSHIP HOUSE 24-0795422 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С In-person solicitations d b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) have custody or control of contributions? from activity (or retained by) (or retained by) fundraiser listed in organization column (i) Yes No 1 2 3 4 6 7 8 9 10 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2015 FRIENDSHIP HOUSE 24-0795422 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (add column (a) through column (c)) (b) Event #2 (c) Other events (a) Event #1 GOLF TOURNAMEN NONE (total number) (event type) (event type) REVENUE 1 Gross receipts..... 31,550. 31,550. **3** Gross income (line 1 minus line 2)..... 31,550. 31,550. Cash prizes Noncash prizes..... DIRECT 6 Rent/facility costs..... 7 Food and beverages EXPENSES 8 Entertainment..... Other direct expenses..... 24,829. 24,829. 10 Direct expense summary. Add lines 4 through 9 in column (d)...... ▶ 24,829. Net income summary. Subtract line 10 from line 3, column (d)..... 6,721. Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add column (a) through column (c)) (b) Pull tabs/Instant (c) Other gaming (a) Bingo bingo/progressive bingo REVENUE Gross revenue..... 2 Cash prizes EXPENSES Noncash prizes..... Rent/facility costs..... Other direct expenses..... 왕 Yes Yes Yes No No No 6 Volunteer labor..... 7 Direct expense summary. Add lines 2 through 5 in column (d)..... 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states?..... No **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

b If 'Yes,' explain:

Sche	edule G (Form 990 or 990-EZ) 2015 FRIENDSHIP HOUSE	4-0795422	Page 3
	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:		
	a The organization's facility		% %
	an outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	i:	
	Name ►		
	Address >		
I	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of it 'Yes,' enter the amount of gaming revenue received by the organization and the of gaming revenue retained by the third party it 'Yes,' enter name and address of the third party:	ue? Yes he amount	No
	Name ►		
	Address •		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	Yes	No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$	the	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide ar information (see instructions).	olumns (iii) and only additional	(v);

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information**

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

FRIENDSHIP HOUSE

Part I Questions Regarding Compensation

Employer identification number 24-0795422

mordi.	322594394		Ye	es	No
1	a Check the appropriate box(es) if the organization provided any of th VII, Section A, line 1a. Complete Part III to provide any relevan	e following to or for a person listed on Form 990, Part nt 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 (e.g., maid, chauffeur, chef)			
I	b If any of the boxes on line 1a are checked, did the organization follor reimbursement or provision of all of the expenses described at	ow a written policy regarding payment or pove? If 'No,' complete Part III to explain	1 b		
2	trustees, and officers, including the CEO/Executive Director, re	garding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to CEO/Executive Director. Check all that apply. Do not check any establish compensation of the CEO/Executive Director, but exp	o establish the compensation of the organization's y boxes for methods used by a related organization to plain in Part III.			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, S organization or a related organization:	Section A, line 1a, with respect to the filing		iii	
	${\bf a}$ Receive a severance payment or change-of-control payment? .	<u></u>	4 a		X
	b Participate in, or receive payment from, a supplemental nonqu	· · · · · · · · · · · · · · · · · · ·	4 b		X
•	c Participate in, or receive payment from, an equity-based comp	· · · · · · · · · · · · · · · · · · ·	4 c	50,00840.04	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the ap	oplicable 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 contingent on the revenues of:	e organization pay or accrue any compensation			
	a The organization?		5 a		_X
	b Any related organization?	.,	5 b		X
6	contingent on the net earnings of:				
	a The organization?	land the second	6 a		_X
1	b Any related organization?		6 b	ACCORDING I	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, di payments not described on lines 5 and 6? If 'Yes,' describe in	id the organization provide any non-fixed Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or acc to the initial contract exception described in Regulations section If 'Yes,' describe in Part III	on 53.4958-4(a)(3)?	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable pressection 53.4958-6(c)?	sumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 FRIENDSHIP HOUSE

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

Page 2

24-0795422

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 are not listed on Form 990, Part VII.

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

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	; compensation	(C) Dottomont	Oldewetack (a)	G Total of	(C) Compensation
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	deferred on prior
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BAA			1EEA4102L 10/20/	2			Alleganic	2 (22 (22) 1110 2) 2

Part III Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDSHIP HOUSE

Employer identification number
24-0795422

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

FRIENDSHIP HOUSE IS DEDICATED TO FAMILIES AND THEIR CHILDREN WITH AUTISM, WITH
EMOTIONAL AND/OR BEHAVIORAL DIFFICULTIES, AND CHILDREN TRAUMATIZED BY LOSS, ABUSE OR
NEGLECT BY PROVIDING INDIVIDUALIZED SERVICES WHICH MAXIMIZE THE CHILDREN'S PHYSICAL,
EMOTIONAL, BEHAVIORAL AND SOCIAL WELL-BEING.

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

SCHOOL BASED BEHAVIORAL HEALTH PROGRAM IS A MENTAL HEALTH PROGRAM DESIGNED FOR YOUTH AGES 5 TO 13 YEARS WHO ARE EXPERIENCING SOCIAL, EMOTIONAL, AND OR BEHAVIORAL DIFFICULTIES THAT IMPAIR THEIR ABILITY TO FUNCTION IN SCHOOL AND OTHER SETTINGS.

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

THE ORGANIZATION HAS THE FORM 990 PREPARED BY IT'S INDEPENDENT CPA FIRM, WHO ALSO PREPARES IT'S FINANCIAL STATEMENTS, THE 990 AND FINANCIAL STATEMENTS ARE THEN REVIEWED BY THE AUDIT COMMITTEE AT A SPECIAL MEETING ATTENDED BY THE CPA FIRM. THE AUDIT COMMITTEE THEN RECOMMENDS TO THE FULL BOARD IF THE 990 SHOULD BE ACCEPTED AND FILED.

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

THE ORGANIZATION HAS EXECUTIVES, MANAGEMENT AND THE BOARD OF DIRECTORS SIGN AN

ANNUAL CONFLICT OF INTEREST POLICY WHICH REQUIRES DISCLOSURE OF ANY CONFLICTS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE

PRESIDENT/CHIEF EXECUTIVE OFFICER AND COMPARABLE DATA AS WELL AS THE HISTORY OF THE

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND

LAST FIVE YEARS COMPENSATION AND INCREASES.

THIS REVIEW TAKES PLACE ANNUALLY.

Name of the organization

FRIENDSHIP HOUSE

Employer identification number

24-0795422

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

THE PROCESS HAS NOT CHANGED IN REGARDS TO THE OVERSIGHT OF THE AUDIT.

Short Form Return of Organization Exempt From Income Tax

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

2015

Form **990-EZ** (2015)

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

Open to Public

Dep Inte	artmen rnal Re	t of the Treasury venue Service	► Information about Form	990-EZ and its	instructions is at www.irs.	gov/form9	90.	Open to Public Inspection
Ā	Fort	he 2015 calenda	r year, or tax year beginning	7/01	, 2015, and ending	6/30	I	2016
B	Check	if applicable: C					D Employer i	dentification number
H	;		AN SERVICES ALLIANCE				46-42	24999
F	Initial	return 846	JEFFERSON AVENUE				E Telephone	
_	1	turn/terminated SCRA	ANTON, PA 18510-1032					
Г	Amen	ded return					F Crown F	
	Applic	ation pending					F Group Ex Number:	xempuon :,►
G	Acco	unting Method:	Cash X Accrual Other (specify) ►		H Check	► X if the	organization is not
ı	Web	site: ► N/A				require	ed to attach	Schedule B
J	Tax-e	xempt status (check or	$1 \text{ (b) one)} - \boxed{X} 501(c)(3) \boxed{501(c)}$	() ∢(insert r	no.) 4947(a)(1) or 527	(Form	990, 990-E2	Z, or 990-PF).
K	Form	of organization:	X Corporation Trust	Association	Other			
L	Add	lines 5b, 6c, and	7b to line 9 to determine gross n (B) below) are \$500,000 or mo	receipts. If gross	s receipts are \$200,000 or	more, or if	total	
								2,001.
F	irt i	Kevenue, Ex	kpenses, and Changes in	Net Assets o	r Fund Balances (see	the inst	ructions t	or Part I)
	1		ganization used Schedule O to re					X
	1		ifts, grants, and similar amounts				L	
	2		e revenue including government					
	3		es and assessments					2,000.
	4		ome				4	1.
	1		rom sale of assets other than inv	-				
			her basis and sales expenses		L			
	1 -		sale of assets other than inventory (Subtr	act line 5b from line	5a)		5 c	
P	6	Gaming and fun	_		u= 000\			
R E V			om gaming (attach Schedule G	_	· ' L			
Ė N U	מ		rom fundraising events (not inclu		of contribu	tions		
Ü		of such gross in	g events reported on line 1) (atta scome and contributions exceeds	sch Schedule G s \$15 000)	ir the sum			
_	c		enses from gaming and fundrais					
	ł			-	L 1			
	ľ	6b and subtract	loss) from gaming and fundraisii line 6c)	ng events (add i	ines ba and		6d	
	7 a		nventory, less returns and allow					
	1		ods sold		1 1			
	С	Gross profit or (loss) from sales of inventory (Su	ubtract line 7b fr	om line 7a)		7c	
	8	Other revenue (describe in Schedule O)		********************		8	
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, a					2,001.
	10	Grants and simi	lar amounts paid (list in Schedu	le O)			10	2,001.
	11	Benefits paid to	or for members		***********		11	
E	12	Salaries, other of	compensation, and employee be	nefits			12	
è	13	Professional fee	es and other payments to indepe	ndent contractor	rs		13	1,195.
N	14	Occupancy, rent	t, utilities, and maintenance				14	<u> </u>
EXPENSES	15	Printing, publica	itions, postage, and shipping				15	
S	16	Other expenses	ations, postage, and shipping (describe in Schedule O)		SEE SCHEDU	JĻE O	16	10,345.
	17	Total expenses.	Add lines 10 through 16		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		▶ 17	11,540.
	18	Excess or (defic	cit) for the year (Subtract line 17	from line 9)			18	-9,539.
A S	19		nd balances at beginning of yea				45.00	2,003.
ASSET S	1.5	figure reported of	on prior year's return)				19	8,797.
'T S	20	Other changes is	n net assets or fund balances (e	xplain in Sched	ule O)		20	<u> </u>
	21		nd balances at end of year. Com					-712

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Forn	990-EZ (2015) HUMAN SERVICES	ALLIANCE		46	-422	24999 Page 2
Pai	Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	estion in this Part II.			X
			(/	A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			174		594.
23	Land and buildings	CEE CCUENTIT	F		23	-
24				9,623	. 24	
25	Total liabilities (describe in Schedule O)	CEE CCUEDIII		9,797		594.
26	Total liabilities (describe in Schedule O)	SEE SCHEDOT	<u> </u>	1,000		1,336.
27	Net assets or fund balances (line 27 of			8,797	. 27	<u>-742.</u>
Pai	t III Statement of Program Service Ac Check if the organization used Sci	complishments (see the inst	tructions for Part III)	X		Expenses
What	is the organization's primary exempt purpose? SEE		question in this rant in		(Regi	uired for section 501 and 501(c)(4)
Desc mea bene	cribe the organization's program service a sured by expenses. In a clear and concise fitted, and other relevant information for e	ccomplishments for each of e manner, describe the servi each program title.	its three largest progra ces provided, the numb	m services, as per of persons	organ	nizations; optional thers.)
28	SEE SCHEDULE O					
	(Grants \$) If th	is amount includes foreign g	rants, check here		28 a	11,540.
29						
30	(Grants \$) If th	is amount includes foreign g	rants, check here	F	29 a	
50						
	(Grants \$) If the	is amount includes foreign g	rants chack hara		30 a	
31	Other program services (describe in Sch	edule 0)			30 a	
	(Grants \$) If the	is amount includes foreign g	rants, check here	▶ 🔲	31 a	
	Total program service expenses (add lir	nes 28a through 31a)			32	11,540.
<u>Par</u>	t IV List of Officers, Directors,	Trustees, and Key Emp	oloyees (list each one ever	if not compensated — s	ee the i	nstructions for Part IV)
	Check if the organization used Sci			Z-IN 11 - 10- 1 21		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	penent plans, and uch	ovee	(e) Estimated amount of other compensation
CAF	RL J. WITKOWSKI		(instruction by	compensation		
	AIRMAN	1	0.		0.	0.
LAU	JREEN M. CADDEN					
	E CHAIRMAN	1	.l o.	•	0.	0.
	IUND ABDO					
SEC	RETARY	1	. 0.		0.	0.
	. SWEENEY					
	ASURER	1	0.		0.	0.
	IN KEARNEY					
	RECTOR	1	0.		0.	0.
	MAS_PSMITH, PSYD		_			
	ECTOR	1	0.		0.	0.
	ES BOBECK				_	_
	ECTOR	1	0.		0.	0.
	X J. HAZZOURI / PRESIDENT	1			_	0
CEC	/ / FKESIDENI		0.		0.	0.
			1			
		-				
			I	1		

	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
33			Yes	No
-	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		37
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		Х
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
•	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant	000		
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
50,	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
l	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	amount involved			
	a Initiation fees and capital contributions included on line 9			
ı	b Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►			
ı	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
(c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	by the organization			
			A C.	
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40	0.0000000000000000000000000000000000000	У
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE a The organization's		_020	
41	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE The organization's books are in care of CHRISTINE GILROY Telephone no. (570)	342		
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE The organization's books are in care of CHRISTINE GILROY Located at 1509 MAPLE STREET SCRANTON PA ZIP + 4 18505	342		
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE Telephone no. (570) Located at 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	342	7	5
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE The organization's books are in care of CHRISTINE GILROY Located at 1509 MAPLE STREET SCRANTON PA ZIP + 4 18505	342 -270	7	No
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE Telephone no. (570) Located at 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	342 -270	7	No
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE Telephone no. (570) Located at 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	342 -270	7	No
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE The organization's books are in care of CHRISTINE GILROY Located at 1509 MAPLE STREET SCRANTON PA Output At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:	342 -270	7	No
41 422	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE Telephone no. (570) Located at 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	342 -270	7	No
41 422	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed ► NONE Telephone no. ► (570) Located at ► 1509 MAPLE STREET SCRANTON PA Output 18505 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	342 -270 42b	7	05 NoX
41 422	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE The organization's books are in care of CHRISTINE GILROY Located at 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	342 -270 42b	7	05 NoX
41 422	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE The organization's books are in care of CHRISTINE GILROY Located at 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	342 -270 42b	7	05 NoX
41 42 2	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE Telephone no. (570) Located at 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?. If 'Yes,' enter the name of the foreign country:	342 -270 42b	Yes	No X
41 42 2	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.	342 -270 42b	7 Yes	No X X
41 42 2	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE Telephone no. (570) Located at 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?. If 'Yes,' enter the name of the foreign country:	342 -270 42b	7 Yes	No X
41 422	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed ► NONE Telephone no. ► (570) Located at ► 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. List the states with which a copy of this return is filed ► NONE NONE Telephone no. ► (570) ZIP +4 ► 18505- At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). The Yes,' enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. List the states with which a copy of this return is filed to the state of the property of	342 -270 42b	7 Yes	No X X N/A N/A No
41 42 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	List the states with which a copy of this return is filed ► NONE Telephone no. ► (570) Located at ► 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country:► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country:► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. List the states with which a copy of this return is filed ► NONE Telephone no. ► (570) ZIP + 4 ► 18505- At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	342 -270 42b	7 Yes	No X
41 42 a 1 43 44 a 1	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE Telephone no. (570) Telephone no. (570) Located at 1509 MAPLE STREET SCRANTON PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?. If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	342 -270 42b	7 Yes	No X N/A N/A No
41 42 a 1 43 44 a 1	Shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed NONE Telephone no. (570) Located at 1509 MAPLE STREET SCRANTON PA ZIP + 4 18505 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	342 -270 42b 42c	7 Yes	No X X N/A N/A No
41 42 a 1 43 44 a 1 1	shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filled NONE Telephone no. (570) Telephone no. (342 -270 42b 42c 44a 44a 44b	7 Yes	No X N/A N/A No X
41 422 43 442 442	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled \rightarrow NONE a The organization's books are in care of \rightarrow CHRISTINE GILROY Located at \rightarrow 1509 MAPLE STREET SCRANTON PA 2IP + 4 \rightarrow 18505 at any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: \rightarrow See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: \rightarrow Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O.	342 -270 42b 42c 44a 44b 44c 44d	7 Yes	No X N/A NO X X
41 42 a 1 43 44 a 1 45 a	shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filled NONE Telephone no. (570) Telephone no. (342 -270 42b 42c 44a 44a 44b	7 Yes	No X N/A N/A No X

Form **990-EZ** (2015)

46 Did	the organization	n engage, directly or indirectic office? If 'Yes,' complete	ctly, in political campa	ign activities on behalf	of or in opposition to	46	ies	
Part VI	Section 50	01(c)(3) organizations n 501(c)(3) organizatio	only				es	<u> X</u>
		organization used Schedul	e O to respond to anv	guestion in this Part VI.				П
							Yes	No
47 Did	the organization	engage in lobbying activities C, Part II	or have a section 501(h) election in effect during	the tax year? If 'Yes,'	47	+:05	†
48 ls th	he organization	a school as described in se	ection 170(b)(1)(A)(ii)?	' If 'Yes ' complete Sche	dule F	47 48		X
		n make any transfers to an					a	X
		ated organization a section						1
50 Com	nplete this table f	or the organization's five high	nest compensated emplo	oyees (other than officers,	directors, trustees and k	ey		<u></u>
emp	oloyees) who each	h received more than \$100,00	00 of compensation from	the organization. If there	e is none, enter 'None.'	<u> </u>		
	(a) Name and title	e of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimat other cor	ted amou mpensati	ınt of ion
NONE								
- I Tota	al number of oth	por amplayaga naid ayar ¢1	00.000					
		ner employees paid over \$1 or the organization's five high		endent contractors who as	_ ach received more than \$	100 000 of		
com	pensation from	the organization. If there is	s none, enter 'None.'	CHICATE CONTRACTORS WITO CA	acit received more than p	100,000 01		
	(a) Name and busir	ness address of each independent co	ontractor	(b) Type	of service	(c) Con	npensatio	วท
NONE								
				•				
		ner independent contractors n complete Schedule A? N o		•				
com	ine organization pleted Schedule	e A	ne: All Section 501(c)((3) organizations must a	а	► X Ye	s	No
		are that I have examined this return, aration of preparer (other than officer						
	M M	and on objective former diant officer) is based on an information (or writer preparer rias any know	#5/1.3	116.		
Sian	Signature of o	officer O			Date	742		
Sign Here		. HAZZOURI			CEO / PRESIDEN	T		
		name and title						
	Print/Type prepare		Preparer's signature	Date	Check if	TIN		
Paid			DONALD T. PIRAGAS	, CPA	self-employed P	01372879		
Preparer Use Only	Firm's name ► Firm's address ►	MICHAEL A. BARBETTI			Sirmin EINI ►	07 007	450	
USE OIIIY	THITS dudiess	1421 EAST DRINKER ST DUNMORE, PA 18512	IKEET		Firm's EIN Phone no. (57)	27-28714 0) 346-20		
May the II	RS discuss this	return with the preparer sh	own above? See instr	uctions		► X Ye		No
		p. op 5, 51					ے <u>ا</u>	110

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990. Name of the organization Employer identification number

HUMAN SERVICES ALLIANCE 46-4224999 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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 4 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 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) 9 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... 2 g Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the rganization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-9 above (see instructions)) support (see instructions) support (see instructions) in your governing document? Yes No THE ADVOCACY ALLIANCE 9 (A) 24-0829843 Χ 0. 0 FRIENDSHIP HOUSE 24-0795422 9 Х 0 0. (C) (D) (E) n

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	tion A. Public Support						
	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and						▶ []
	tion C. Computation of Pu			****			
	Public support percentage for 20					Lance to the second sec	%
	Public support percentage from		·			L	%
16	a 33-1/3% support test — 2015. If and stop here. The organization	the organization qualifies as a pul	did not check the olicly supported o	box on line 13, a rganization	nd line 14 is 33-1	/3% or more, check	this box ► ☐
I	33-1/3% support test – 2014. If t and stop here. The organization	the organization d qualifies as a pu	id not check a bo blicly supported o	x on line 13 or 16 rganization	ba, and line 15 is	33-1/3% or more, o	check this box
17 i	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est — 2015. If the omeets the 'facts-as-and-circumstand	organization did n and-circumstances es' test. The orga	ot check a box or s' test, check this nization qualifies	n line 13, 16a, or box and stop he as a publicly sup	16b, and line 14 is re. Explain in Part operation	10% VI how n►
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ' ted organization	VI how the ►
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►
ЗАА					Sol	hedule A /Form 99/	or 990 E7) 2015

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

(Complet	te only if	you checke	ed the box (on line 9 c	of Part I o	if the	organization	failed t	o qualify	under l	Part Ⅱ. If	the or	ganizatio	า fails
to qualif	v under	the tests I	isted belov	v. please	complete	e Part	II.)							

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admis-						
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1,						
	2, and 3 received from						
I.	disqualified persons						
n	and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line		Total Cartin				
	7c from line 6.)						
	tion B. Total Support			т	I		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from						
1.	similar sources						
ū	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
-	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in						
42	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990	is for the organiza	ation's first, seco	nd. third. fourth. a	l or fifth tax vear as	a section 501(c)(3	3)
	organization, check this box and	stop here					<u>′</u> ►
	tion C. Computation of Pul						
	Public support percentage for 20	•	• •				%
	Public support percentage from	· · · · · · · · · · · · · · · · · ·				16	ક
Sec	tion D. Computation of Inv						
17	Investment income percentage f			-			%
	Investment income percentage f						%
19 a	33-1/3% support tests $-$ 2015. If is not more than 33-1/3%, check						
	33-1/3% support tests - 2014. If	the organization	did not check a h	ooy on line 14 or l	ine 19a and line	16 is more than 33	3-1/3% and
b	33-1/3% Support lests - 2014. II	the organization	did not check a t		ine i sa, and inte	TO 13 HIOLO GIALLO	3-1/3/6, and
	line 18 is not more than 33-1/3% Private foundation. If the organic	, check this box a	and stop here. Th	ne organization qu	alifies as a public	ly supported orga	nization ►

Part IV Supporting Organizations

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

Section A. All S	Supporting	Organizations
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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		X
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	За		X
ŀ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		X
ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		111111111111111111111111111111111111111
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		X
9 8	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		X
ł	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		Х
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	9с		X
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		X
ł	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b	1, 1,	

Ра	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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		X
	b A family member of a person described in (a) above?	11b		X
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		X
Se	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.		X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		X
Se	ction C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations		·	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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		
Se	ction E. Type III Functionally-Integrated Supporting Organizations		1	<u> </u>
1	The second secon			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ıs).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	165	
	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	up 2.1-3	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard</i>	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovemb	er 20. 1970. See instruction	ons. All
Sec	ction 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		5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		AN
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grate	d Type III supporting org	anization
BAA			Schedule A (For	m 990 or 990-EZ) 2015

	edule A (Form 990 or 990-EZ) 2015 HUMAN SERVICES ALLIA		46-422	24999 Page 7
ACCOUNT OF THE	t V Type III Non-Functionally Integrated 509(a)(3) Su	ıpporting Organizat	ions (continued)	
Sec	tion D — Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	,	
3	Administrative expenses paid to accomplish exempt purposes of su	· ·		
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			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
$\overline{}$	From 2013			
	From 2014			
	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	n Applied to 2015 distributable amount			
	i Carryover from 2010 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7:			
	Applied to underdistributions of prior years	Editorial States		
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			A second
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
C	Excess from 2014			
€	Excess from 2015			

BAA

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HUMAN SERVICES ALLIANCE

Employer identification number 46-4224999

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BOARD EXPENSE	\$ 318.
GRANT EXPENSEINSURANCE	8,800. 1 150
LICENSES AND FEES	1,139.
OFFICE EXPENSES	 53.
TOTAL	\$ 10,345.

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	Bl	EGINNING	<u>I</u>	ENDING
PLEDGES AND GRANTS RECEIVABLE	\$	8,800. 823.	\$	0. 0.
TOTAL	\$	9,623.	\$	0.

FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	BEGINNING		 ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	1,000.	\$ 1,336.
TOTAL	\$	1,000.	\$ 1,336.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF THE ORGANIZATION IS TO SERVE AS THE CORPORATE MEMBER OF THE SPONSORED CORPORATIONS AND IN THAT PURPOSE (1) GUIDE AND ASSIST THOSE ENTITIES IN FULFILLING THEIR RESPECTIVE PURPOSES; (2) TO FOSTER COLLABORATION BETWEEN THOSE ENTITIES TO ACHIEVE BOTH EFFECTIVE PROGRAMS AND SERVICES AS WELL AS ECONOMIES OF SCALE; AND (3) TO TAKE ANY AND ALL OTHER ACTION AS THE BOARD OF DIRECTORS MAY DEEM NECESSARY OR DESIRABLE TO IMPLEMENT THE PURPOSES PURSUANT TO THE ARTICLES AND BYLAWS

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

(1) GUIDE AND ASSIST THOSE SPONSORS/MEMBERS IN FULFILLING THEIR RESPECTIVE
PURPOSES; (2) TO FOSTER COLLABORATION BETWEEN THOSE ENTITIES TO ACHIEVE BOTH
EFFECTIVE PROGRAMS AND SERVICES AS WELL AS ECONOMIES OF SCALE; AND (3) TO TAKE ANY
AND ALL OTHER ACTION AS THE BOARD OF DIRECTORS MAY DEEM NECESSARY OR DESIRABLE TO

NO

Name of the organization
HUMAN SERVICES ALLIANCE

Employer identification number
46-4224999

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.....