VOICES 08/14/2013 3:35 PM

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2012 Open to Public Inspection

Δ_	For the <u>2012 c</u>	alendar year, or tax year beginning , and ending		D Employ	er identification number
3_	Check if applicable:	C Name of organization			
	Address change	Voices for Alabama's Children		58_	2020321
	Name change	Doing Business As	Room/suite		one number
=		Number and street (or P.O. box if mail is not delivered to street address)	Noon/salte		-213-2410
닉	Initial return	P.O. Box 4576		334	-213-2410
	Terminated	City, town or post office, state, and ZIP code			406 674
- !	Amended return	Montgomery AL 36103		G Gross rece	eipts \$ 426,674
Ξ	Application pending	F Name and address of principal officer:	H(a) Isthisagi	roup return for a	affiliates? Yes X No
]	Application pending	Linda Tilly			
		P. O. Box 4576	H(b) Are all aff		u,
		Montgomery AL 36103	if "No	o," attach a list	. (see instructions)
ī	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	_		
J	Website: W	ww.alavoices.org	H(c) Group ex		
ĸ	Form of organization:	X Corporation Trust Association Other ▶ L	ear of formation: 1	992	M State of legal domicile: AL
<u>``</u> \$		ımmary			
	1 Briefly de	escribe the organization's mission or most significant activities: mission is to ensure the well-being of Alabama's c			
٠.	Our	mission is to ensure the well-being of Alabama's cl	hildren t	hrough	<i>,</i>
2	TORE	earch, public awareness and advocacy.			***************************************
ā	1.000	alti, public and one			
Governance		is box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	5% of its net as:	sets.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
င္ဗ	2 Check tr	is box If the organization discontinued its operations of disposed of more than as			16
•8		of voting members of the governing body (Part VI, line 1a)			16
ijes	4 Number	of independent voting members of the governing body (Part VI, line 1b)		··· 	5
Activities	5 Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a)		···	0
Aci	6 Total nu	mber of volunteers (estimate if necessary)		··· ———	0
		related business revenue from Part VIII, column (C), line 12			0
_	b Net unre	lated business taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year
		1		5,893	
9	8 Contribu	tions and grants (Part VIII, line 1h)		0,157	
Revenue	9 Program	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		614	
à	10 Investm			7,479	
	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,185	
_		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<i>J</i> , <u>10</u> <i>J</i>	0
		and similar amounts paid (Part IX, column (A), lines 1-3)		<u>.</u>	0
		paid to or for members (Part IX, column (A), line 4)	26	8,102	237,620
g	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0,104	237,020
9000	16a Profess	onal fundraising fees (Part IX, column (A), line 11e)			<u> </u>
Š	b Total fu	ndralsing expenses (Part IX, column (D), line 25) ▶ 3,384			107 076
) 	11 00000	cpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,192	
	18 Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,294	
	19 Revenu	e less expenses. Subtract line 18 from line 12		8,109	1,078 End of Year
ō	20 Total as 21 Total lia 22 Net ass		Beginning of Co	9,360	
200	툂 20 Total as	sets (Part X, line 16)		1,991	23,038
As	21 Total lia	bilities (Part X, line 26)			
2	군 22 Net ass	ets or fund balances. Subtract line 21 from line 20	1	7,369	130,413
_	Part II S	ignature Block			11.000.000
	Under penalties o	f perjury, I declare that I have examined this return, including accompanying schedules and staten	nents, and to the	best of my k	knowledge and belief, it is
	true, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowled	- 1	
S	ign 🖊	Signature of officer		Dat	
	lere	Linda Tilly Execu	<u>ıtive Di</u>	recto	<u> </u>
	 7	Type or print name and title			
_	Print/T	ype preparer's name Peparer's signature	Date	Chec	
Р	aid _{James}	3 C. Hodgson color	08/1	4/13 self-	
P	reparer Firm's	Wooder & Hodogon		Firm's EIN	63-1179376
	se Only	900 S Perry St Ste C			
	- 1	Montgomery, AL 36104		Phone no.	334-834-5205
_	May the IRS disc	uss this return with the preparer shown above? (see instructions)	<u></u>	. <u></u>	X Yes No
1	in a man	The same results are property of the same results and the same results are same			Form 990 (2012)

Check if So Briefly describe the org	t of Program Se		<u> 58-2020321</u>		Page_
Check if So Briefly describe the org	abadula O conta	ervice Accomplishments			
Briefly describe the org	<u>chedule O conta</u>	ins a response to any ques	tion in this Part III		<u></u>
ur mission i	anization's mission:				
	is to ensu:	re the well-being	, of Alabama's cl	hildren thre	ougn,
esearch, pub	olic aware	ness and advocacy	<i>[</i>		
					,,
		ant program services during the ye			Yes X N
prior Form 990 or 990-l					163 24 10
If "Yes," describe these	e new services on S	chedule O.	La cardinata de la programa		
Did the organization ce	ease conducting, or i	make significant changes in how it			Yes X N
If "Yes," describe these	e changes on Sched	iule O.	three lorgest program conject	as measured by	
Describe the organizat	ion's program service	e accomplishments for each of its	at the amount of grants and allow	cations to others.	
expenses. Section 501	(c)(3) and 501(c)(4)	organizations are required to repo	of the amount of grants and anot	cations to others,	
the total expenses, and	d revenue, if any, for	r each program service reported.			
		181 645 including grants	e of \$) (Revenue \$	
(Code:) (Ex	etate gunr	181,645 including grants corted high quali	ty pre-K to prom	ote school	readines
n Alabama.	scace supp	<u> </u>	akukaana mankaan		
II Alabama.					
,					
• • • • • • • • • • • • • • • • • • • •					

actors affe	cting chil	118,932 including grant d dissemination o Ldren's condition	s by county and	statewide.	
		<u> </u>	1	\ (Payarus \$	
: (Code:) (E	Expenses \$	68,484 including grants is issues through	ts of \$) (nevenue a	

Form 990 (2012) Voices for Alabama's Children 58-2020321 Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 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, 5 Х 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 X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X endowments, 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, 11 VII. VIII. IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 $\mathbf{X}_{\underline{}}$ to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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?

20a

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States X 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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 X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 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 X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 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

Раг	Check if Schedule O contains a response to any question in this Part V						
	Officer in Ochequie O contains a response to any question in this fact v	1				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6		1	5	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			. 4	i War ia
C	Did the organization comply with backup withholding rules for reportable payments to vendors and				ı		\$3
	reportable gaming (gambling) winnings to prize winners?				1c	X	.5.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	_				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	ırns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		\vdash
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity				
	over, a financial account in a foreign country (such as a bank account, securities account, or other f	nancial	!		4.		x
	account)?				4a		240
b	If "Yes," enter the name of the foreign country: ▶					1	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	II ACCO	unts.		Eo		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transf				5c		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				<u>50</u>		1 -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	ine			6a	1	x
	organization solicit any contributions that were not tax deductible as charitable contributions?				Ua		
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu	ions or			6b		İ
	gifts were not tax deductible?	• • • • • • •			00_		
7	Organizations that may receive deductible contributions under section 170(c).	r accede					2
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	goods	,		7a	X	
_	and services provided to the payor?				7b	x	
Þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?				<u> </u>	 -	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it				7c		x
	required to file Form 8282?	7d	· [<u> </u>		1
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit				7e		X
e	Did the organization receive any furids, directly of indirectly, to pay premiums on a personal benefit cor Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor		··········		7f		X
T	If the organization received a contribution of qualified intellectual property, did the organization file I	Form 88	899 as require	d?	7g		
9	If the organization received a contribution of qualified interlectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the organization received a contribution received a contribution of cars, and the organization received a contribution	zation f	file a Form 10	98-C?	7h		
п	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					7.45 	
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
	organization, have excess business holdings at any time during the year?				8_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		,				50 - 170
a	Did the organization make any taxable distributions under section 4966?				9a	_	
ь	Did the organization make a distribution to a donor, donor advisor, or related person?				9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	108	<u> </u>		1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		o		1		
11	Section 501(c)(12) organizations. Enter:						1
а	Gross income from members or shareholders	118	a		4		
ь	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	111			4	1	ľ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 104	17		12a	Ц	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. [12]	b		4	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				-	+	+
а					13a	1	+-
	Note. See the instructions for additional information the organization must report on Schedule O.						
ь	Enter the amount of reserves the organization is required to maintain by the states in which	1.	. 1				
	the organization is licensed to issue qualified health plans				┨		
С	Enter the amount of reserves on hand	13	c		148	+	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?				148	 	 ^
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheme	uie Q	<u> </u>				90 (20

Form 990 (2012) Voices for Alabama's Children

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_	×	_	•	LI	•		•	•		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 to any question in this Part VI

	tion A. Governing Body and Management				Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	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	İ]			
	committee, explain in Schedule O.		ļ			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16]		
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					426
	any other officer, director, trustee, or key employee?			2		X
	Did the organization delegate control over management duties customarily performed by or under the direct					ì
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		7
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		2
	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		2
i	Did the organization have members or stockholders?			6		2
a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					П
-	one or more members of the governing body?			7a		7
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		2
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by	the following:		1,744	
	The governing body?			8a	X	1
a	Each committee with authority to act on behalf of the governing body?			8b	X	Т
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					Т
,	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		1:
۵,	etion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Revenue C	ode.)		_
Ç	Mon D. I onoics (Time econori B requesta innermana about penare)		_,,,,		Yes	T
١.	Did the organization have local chapters, branches, or affiliates?			10a		
)a ⊾	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1		T
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	this Fam. 000 to all mountains and the property had a horizon filling	a the f	form?	11a	Х	T
la L	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.g		113	77.77	1
b 	The second secon			12a	X	1
2a	the state of the s	se to c	onflicts?	12b	X	T
b	The state of the s			1		†
С				12c	X	
_	describe in Schedule O how this was done			13	X	十
3	Did the organization have a written whistleblower policy?			14	X	+
4	Did the organization have a written document retention and destruction policy?				1	\pm
5	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			150	x	ľ
а				15a 15b	1	†
ь				150		+
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
l 6a	•			1.5-		
	with a taxable entity during the year?			16a		+
b						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				1	1
	organization's exempt status with respect to such arrangements?			16b	Ц.,	
<u>Se</u>	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
8	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.					
	X Own website X Another's website Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of int	erest p	oolicy,			
-	and financial statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the				
_	organization: ▶ Debbie Knauff P. O. Box 4576				_	_
	Montgomery AL 361	0.3	33	4-23	L3 -	24

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

Check if Schedule O contains a response to any question in this Part VII

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

0.00

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee. (F) (D) (A) (B) (C) Reportable Estimated Name and Title Average Position Reportable compensation from amount of (do not check more than one compensation hours per related other box, unless person is both an from week compensation organizations officer and a director/trustee) the (list any (W-2/1099-MISC) from the organization hours for (W-2/1099-MISC) organization nstitutional trustee lighest related dividua: trustee and related organizations employee organizations below dotted compensated line) (1) Torrey DeKeyser 0.00 0 X 0 0.00 Secretary Hackney (2) Brenda Mitchell 0.00 0 0 0 X 0.00 (3) Kelvin Howard 0.00 0.00 0 0 0 (4) Barbara Ann Hutchinson 0.00 0 0 0 0.00 X (5) Dr. Marsha Raulerson 0.00 0 0 0 0.00 X (6) Mary Dixon Torbert 0.00 0 0 0 0.00 X (7) Carlton Wood 0.00 0 0 0 0.00 X (8) Linda O. Tilly 40.00 80,850 0 9,013 X 0.00 Executive Director (9) Penny Dendy 0.00 0 0 X 0 0.00 President (10) Leigh Hancock 0.00 0 0 0 0.00 X Vice President (11) H. Hampton Boles 0.00

0

0

Pai	rt VII Section A. Officer	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle ficer a	Pos check ess pe nd a d	rson i irecto	than cois both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Co	(F) Estimat amount other ompense	t of r ation ne	
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organizal	ated	
	Judge John Edwa	0.00	st	r										
Sec	retary	0.00	L	<u> </u>	X	<u> </u>	ļ		0	0				0
(13)				į		İ					į			
(14)				<u> </u>	<u> </u>									
(15)	· · · ·		\vdash			\vdash				<u></u>	 			
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(16)			-	╁	╁						 			
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(17)			1	1			-	<u> </u>			+			
		, , ,												
(18)			╁	╁		╁	-	╂			+			
(10)														
(10)			╀	╄	╀	 	-	\vdash			_		—	
(19)				į										
1b								▶	80,850				9,0	013
c d	Total from continuation sh Total (add lines 1b and 1c)							>	80,850		-		9,1	013
2	Total number of individuals reportable compensation fro	including but not	limit	ed to				abo	ve) who received more than	n \$100,000 in			Yes	No
3	Did the organization list any									ated			163	
4	employee on line 1a? If "Yes For any individual listed on I organization and related org	ine 1a, is the sum	ofr	epor	table	cor	npen	sati	on and other compensation	n from the		3	121 121 121	X
	individual	_										4		X
5	Did any person listed on line for services rendered to the											5		х
	tion B. Independent Contrac									W 0100 000 -f				
1	Complete this table for your compensation from the orga	nization. Report	oens comp	ated cens	ation	pen for	dent the c	con aler	<u>ndar year ending with or wit</u>	hin the organization's tax	year.		<u> </u>	
	Name a	(A) and business address						-	Descri	(B) iption of services		C	(C) ompensa	ition
								Ì				İ		
								T			Pite			
					_			+					-	
								\perp				<u> </u>		
	<u> </u>							T	-					
_	Total number of independer	at contractors (inc	مناميرا	ou bi	ıt pe	t lim	ited t	<u></u>	ose listed above) who					
2	received more than \$100,00	n contractors (inc	on fr	om ti	ne or	gan	izatio	n 🕨	- Inter above) Will	0		<u> </u>		<u>11</u>

Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (B) Related or (D) Revenue (A) Total revenue excluded from tax exempt business function under sections revenue 512, 513, or 514 revenue 1a Federated campaigns 1a 3,650 **b** Membership dues 1b c Fundraising events 1c Gifts, Ilar An d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 302,955 27,570 g Noncash contributions included in lines 1a-1f: 306,605 h Total. Add lines 1a-1f Service Revenue Busn. Code 118,761 118,761 Program Service Revenue Program (f All other program service revenue 118,761 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, 308 308 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventor b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events ... 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 1,000 1,000 11a Other Income b d All other revenue 1,000 e Total. Add lines 11a-11d 426,674 120,069 12 Total revenue. See instructions.

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 to any question in this Part IX (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 214,350 201,328 10,486 2,536 Other salaries and wages 7 Pension plan accruals and contributions (include 414 5,591 5,177 section 401(k) and 403(b) employer contributions) Other employee benefits 9 17,679 15,725 1,764 190 Payroll taxes 10 Fees for services (non-employees): 24,414 24,414 Management 8,000 8,000 Accounting C 17,000 17,000 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 10,542 10,542 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 4,190 26,483 22,244 49 Office expenses 13 Information technology 2,696 2,696 14 Royalties 15 24,000 1,680 22,320 Occupancy 16 771 17,700 16,384 545 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 198 198 Depreciation, depletion, and amortization 22 28,239 19,685 8,554 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 22,162 22,162 Production Video 94 64 6,286 6,128 Telephone b 200 200 Data Aquisition 56 56 Special Events d e All other expenses 3,384 369,061 53,151 425,596 Total functional expenses. Add lines 1 through 24e 25 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)

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response to an	y question in thi	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			54,987	1	31,838
	2	Savings and temporary cash investments			185,794	2	75,331
	3	Pledges and grants receivable, net			7,330	3	49,850
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former	officers, directo	rs,	- A. O. A. A. A. A. A. A. A. A. A. A. A. A. A.	. 2.42	
		trustees, key employees, and highest compensated e	mployees.		7	100	4.7
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified p	ersons (as defir	ed under section		100000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		4958(f)(1)), persons described in section 4958(c)(3)(E	3), and contribut	ing employers and	000,000,000 000,000,000 000,000,000 000,000,000 000,000,000 100,000,0		
		sponsoring organizations of section 501(c)(9) volunta	ry employees' b	eneficiary	- 0000 - 000	27.504	
22		organizations (see instructions). Complete Part II of S	chedule L			6	
Assets	7	Notes and loans receivable, net				7	
۲	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,210	9	600
-	10a	Land, buildings, and equipment: cost or			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		other basis. Complete Part VI of Schedule D	10a	64,104		1000	
	b	Less: accumulated depreciation	10b	60,272	37	10c	3,832
-	11	Investments—publicly traded securities				11	
-	12	Investments—other securities. See Part IV, line 11				12	
-	13	Investments—program-related. See Part IV, line 11			W.W.	13	
-	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2		
	16	Total assets. Add lines 1 through 15 (must equal line	34)		249,360		161,451
	17	Accounts payable and accrued expenses			1,149	17	17,574
	18	Grants payable	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18		
].	19	Deferred revenue				19	
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete Part I	V of Schedule D)	110,447	21	
တ္မွ ဒ	22	• •			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
≝∣		trustees, key employees, highest compensated empl	oyees, and		1000.10	1000	
Liabilities		disqualified persons. Complete Part II of Schedule L				22	<u> </u>
;	23	Secured mortgages and notes payable to unrelated t				23	
	24	Unsecured notes and loans payable to unrelated third		.,,		24	
[:	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2	4). Complete P	art X	305		E 464
		of Schedule D			395 111,991	1 -	00.000
+	26	Total liabilities. Add lines 17 through 25			エエエ・フラエ	26	23,030
" l		Organizations that follow SFAS 117 (ASC 958), ch		X and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.000000000000000000000000000000000000	
ĕ		complete lines 27 through 29, and lines 33 and 34			93,703		57,525
a a	27	Unrestricted net assets			43,666		
Ä	28	Temporarily restricted net assets			43,000	29	
Fund Balances	29					29	
		Organizations that do not follow SFAS 117 (ASC	e ▶ 🔝 and	1 (1990)	174		
Assets or	20	complete lines 30 through 34.		1. W	30	1	
SSe	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipn			31		
¥	31	Retained earnings, endowment, accumulated income				32	
Z	32			,,	137,369	_	
- 1	33	Total liabilities and net assets/fund balances			249,360		
\perp	34	Total liabilities and het assets/fund balances		· · · · · · · · · · · <u>· · ·</u> · · · · ·		, 57	,

Form **990** (2012)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 674</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	42		<u> 596</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>078</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	7,	<u> 369</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	,		-34
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		8,4	<u>413</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			17	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		1 1		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 1	2	
	reviewed 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				ļ
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes 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.				1779
За	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?		3a		<u> </u>
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	00	<u> </u>

Form **990** (2012)

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Voices for Alabama's Children

Employer identification number 5.8 = 2.0.2.0.3.2.1

				Tabana B Chilia					·	202				
P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this pa	art.) Se	e inst	ruction	ıs.			
The	orgai	nization is not	a private foundation because	se it is: (For lines 1 through 11,	check only	y one box.	.)							
1		A church, cor	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).							
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(i	iii).							
4	П	A medical res	search organization operate	d in conjunction with a hospital	described	in sectio	n 170(b)(1)(A)(i	ii). Ente	r the ho	ospital's nar	ne,		
		city, and state		,			•	~ ~ ~	•		,	•		
5		-		of a college or university owned	d or operat	ed by a go	vernme	ental unit	descri	bed in				
•	ш		b)(1)(A)(iv). (Complete Part	·	or opera.	ou by a g	3,01111110	mai am	. 4000111					
6		-		·	naction 17	70/5\/1\/A	V/v/							
6	x			overnmental unit described in s				ivana tha	~~~~	مناطبيعا				
7	Λ	-	•	substantial part of its support for	rom a gove	errimental	unit or i	rom trie	genera	ii public				
_			section 170(b)(1)(A)(vi). (C											
8	\vdash			170(b)(1)(A)(vi). (Complete Par										
9		_	on that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
			s 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 a	nd unrelated business taxable i	ncome (le	ss section	511 tax	() from b	usiness	ses				
	_	acquired by t	he organization after June 3	0, 1975. See section 509(a)(2). (Comple	te Part III	.)							
10		An organizati	on organized and operated	exclusively to test for public sa	fety.See s	section 50)9(a)(4).							
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
		purposes of o	one or more publicly support	ted organizations described in s	section 50	9(a)(1) or	section	509(a)(2	2). See :	section	1			
		509(a)(3). Ch	eck the box that describes t	the type of supporting organiza	tion and co	omplete lir	nes 11e	through	11h.					
	a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated													
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons													
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)													
	or section 509(a)(2).													
f				ermination from the IRS that it i	s a Type I	Type II. o	or Type	III suppo	orting					
•			check this box		, ,	, . , , ,	, , ,							
_				tion accepted any gift or contril	hution fron	n any of th								
9		following per	•	alon accepted any girt or contin	ballott itoli	i any or a	.0							
		٥.		ontrola, sither alone or together	r with norn	one docor	ibad in (ii) and				Г	Yes	No
		• • • •	•	ontrols, either alone or together							11-	\dashv	168	110
			• •	supported organization?			• • • • • • • •				11g(-+	
			member of a person descri								11g($\overline{}$	-	
		, ,		described in (i) or (ii) above?							[11g	<u>, } </u>	1	
h		Provide the	following information about t	the supported organization(s).	T									
(e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization	. , .	ou notify	(vi) organizat	Is the	(vii) Amou			ıry
	orç	ganization		(described on lines 1-9 above or IRC section		isted in your document?		of your	(i) organi	zed in the	30	upport	·	
				(see instructions))		1	sup	port?	1	S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
									<u> </u>					
(B)														
(C)														
,]				
(D)						1			1					
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						1		.				-		
				A. C. C. C. C. C. C. C. C. C. C. C. C. C.	1.5			M.	1					

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	, ,		· •	,	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,776,673	582,809	610,295	295,893	306,605	9,572,275
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	7,776,673	582,809	610,295	295,893	306,605	9,572,275
5	The portion of total contributions by			1,000 1,000 1,000	CON 75.77	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	each person (other than a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7, W. 17 4			
	governmental unit or publicly supported organization) included on					Det :	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		1 10	A14		THE STANDARD	<u> </u>
6	Public support. Subtract line 5 from line 4.	12752			, 100 / 100	1 100000	9,572,275
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	7,776,673	582,809	610,295	295,893	306,605	9,572,275
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,807	1,447	600	614		6,468
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 IV.)	9,547	32,627	2,536	44,724		89,434
11	Total support. Add lines 7 through 10		, A		Activity operation of the control of	11 100 100 100 100 100 100 100 100 100	9,668,177
12	Gross receipts from related activities, etc.					12	120,069
13	First five years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax ye	ar as a section 501	1(c)(3)	
	organization, check this box and stop her					<u></u>	
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2012 (line 6			nn (f))			99.01%
15	Public support percentage from 2011 School					15	98.97 %
16a	33 1/3% support test—2012. If the organ						
	box and stop here. The organization quali						> X
b	33 1/3% support test-2011. If the organ						
	check this box and stop here. The organiz						▶ ∟
17a	10%-facts-and-circumstances test-201						
	10% or more, and if the organization meet						
	Part IV how the organization meets the "fa organization				*****		> [
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me	eets the "facts-and-	circumstances" te	est. The organizati	on qualifies as a p	ublicly	
	supported organization						
18	Private foundation. If the organization di	d not check a box o	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee	_
	instructions						P

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.)

Sec	tion A. Public Support	quality under th	e tests listed	below, please c	omplete Fart I	1.)	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(,,===,	(=, == :	(-)	(1) 1000
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)					144 ·	
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here	_				1(c)(3)	>
Sec	tion C. Computation of Public Su					.,	
15	Public support percentage for 2012 (line 8			mn (f))		15	%
16	Public support percentage from 2011 Scho						%
	tion D. Computation of Investme						
17	Investment income percentage for 2012 (li			3, column (f))		17	%
18	Investment income percentage from 2011	Schedule A, Part I	II, line 17			18	_%
19a	33 1/3% support tests—2012. If the organ	nization did not che					
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization	qualifies as a publ	icly supported org	anization	> []
þ	33 1/3% support tests—2011. If the organ						
	line 18 is not more than 33 1/3%, check th	-	_	=			.
20	Private foundation. If the organization did	i not check a box c	on line 14, 19a, o	r 19b, check this be	ox and see instruc	tions	>

Part IV	Supplement	Z) 2012 VOICE al Information.	Complete this	part to provide	the explanation	58-202 ns required by Par	rt II, line 10;	Page 4
	Part II, line 1 instructions).		aπ III, IIne 12. /	uso complete	tnis paπ tor any	/ additional inform	алоп. (See	
Part I	I, Line 1	0 - Other	Income De	etail				
				\$	89,434			
						,,,		
						,		
• • • • • • • • • • • • • • • • • • • •							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·			. , , ,	***************************************		
•				,				
				,,,,,,				

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2012

Voices for Alabama's Children 58-2020321 Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ 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 private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** $|\mathbf{X}|$ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1 /3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or ▶ \$ more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 1 of 1 of Part I

Name of organization Voices for Alabama's Children Employer identification number 58-2020321

Part I Contributors (see instructions). Use duplicate copies of Part Lif additional space is needed

	Contributors (see instructions). Ose duplicate copies of the	art i ii additional space is he	sueu.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	The Caring Foundation 450 Riverchase Parkway Birmingham AL 35244	\$ 20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Russell Corporation P. O. Box 272 Alexander City AL 36110	\$ 24,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 3	Goodrich Foundation 3800 Colonade Parkway Suite 430 Birmingham AL 35243	\$ 12,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	The Annie Casey Foundation 701 St. Paul Street Baltimore MD 21202	\$ 83,971	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Marguerite Casey Foundation 1300 Dexter Avenue North Suite 115 Seattle WA 98109	s 112,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Robert Myer Foundation C/O Regions Bank P. O. box 11426 Birmingham AL 35202	s 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 1 of 1 of Part II

Name of organization Voices for Alabama's Children

Employer identification number

58-2020321

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Office Facilities		
	······································	\$ 24,000	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
•	·	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
•		\$	•

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

n 501(c) and section 527
p Form 990 or Form 990-EZ.
Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	e of organization Voices for Alabama's	Children		Employer identification	
Par	I-A Complete if the organization is exer		or is a sectio		
1 2	Provide a description of the organization's direct and indir Political expenditures Volunteer hours	ect political campaign activities	n Part IV.	▶ \$	18,339
Par	I-B Complete if the organization is exer	npt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organia			▶ \$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	5	▶\$	
3	If the organization incurred a section 4955 tax, did it file F				Yes X No
	Was a correction made?				Yes X No
	If "Yes," describe in Part IV. t I-C Complete if the organization is exer			on E01/a\/3\	
	t I-C Complete if the organization is exer Enter the amount directly expended by the filing organization			on 50 i(c)(3).	
1	activities	·		▶ \$	
2	Enter the amount of the filing organization's funds contrib	uted to other organizations for s	ection		
_	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2. Er	nter here and on Form 1120-PO	-,		
	line 17b			▶\$	
4	Did the filing organization file Form 1120-POL for this year	ar?			Yes No
5	Enter the names, addresses and employer identification r				
	organization made payments. For each organization listed	-			
	the amount of political contributions received that were pr as a separate segregated fund or a political action commi				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(1) 1001030	(6) 2	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					<u></u> _
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2012

		es for Alabama s Children	58-2020321	Page 2
Par	t II-A Complete if the organ section 501(h)).	nization is exempt under section 501(c)(3) and filed Form 5768 (elec	tion under
	name, address, Ell	tion belongs to an affiliated group (and list N, expenses, and share of excess lobbying tion checked box A and "limited control" pr	expenditures).	member's
	Limits on Lo (The term "expenditures	obbying Expenditures " means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	1,339	
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	17,000	
C	Total lobbying expenditures (add lines 1	a and 1b)	18,339	
d	Other exempt purpose expenditures		1 407 200	
е	Total exempt purpose expenditures (add	l lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the columns.	85,126		
_	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
L	Not over \$500,000	20% of the amount on line 1e.		
L	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	1 Addition 1 Add 1	
L	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.	The state of the s	
g	Grassroots nontaxable amount (enter 25	5% of line 1f)	21,282	
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0	
	Subtract line 1f from line 1c. If zero or le		l ni	
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file Form		
	reporting section 4911 tax for this year?	-		Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lot	bying Expenditure	s During 4-Year	Averaging Period	•	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	132,725	110,222	87,434	85,126	415,507
 b Lobbying ceiling amount (150% of line 2a, column(e)) 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			623,261
c Total lobbying expenditures	25,275	25,275	25,973	18,339	94,862
d Grassroots nontaxable amount	33,181	27,556	21,859	21,282	103,878
e Grassroots ceiling amount (150% of line 2d, column (e))	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A. 5.00 A. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.		155,817
f Grassroots lobbying expenditures	5,275	5,275	1,973	1,339	13,862

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501/h))

Eor 4	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)
	ription of the lobbying activity.	Yes	No	Amount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		1 Aug. 1	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
j	Total. Add lines 1c through 1i		57 3757.	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
	If "Yes," enter the amount of any tax incurred under section 4912		92	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			2.1 (2.1
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5),	or s	ection

F 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) if Part III-A, line 3, is answered "Yes."

		3.00.200	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	1,100	
	political expenses for which the section 527(f) tax was paid).	77.	
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	- 100
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	75.6	lt.
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		II.
	and political expenditure next year?	4	
5	Tayable amount of lobbying and political expenditures (see instructions)	1 5	

Supplemental Information Part IV

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part I-A, Line 1

Dues, assessments and similar amounts from members

Voices's Staff and paid professional lobbyists talk with Alabama state legislators and ask for support of several bills and appropriations that the organization deemed to benefit children. Voices sends emails to the public for whom they have email addresses, asking them to contact their state legislators and urge support of those bills and appropriations.

Schedule C (Form 990 or 990-EZ) 2012

	990 or 990-EZ) 2012 VOICES	for Alabama's	Children	<u> 58-2020321</u>	Page 4
Part IV	Supplemental Informat	ion (continued)	····		
Voices	staff participat	es and speaks	at other orga	nizations rallies	urging
legisl	ators not to cut	funds for chil	dren related	issues.	••••••
***************************************					••••••
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Voices for Alabama's Children

58-2020321

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name	of the organization		Employer identification number
V	oices for Alabama's Children		58-2020321
	Organizations Maintaining Donor Advised Fu organization answered "Yes" to Form 990, Part I	nds or Other Similar Funds or A V, line 6.	ccounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	1 1	
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	N
	funds are the organization's property, subject to the organization's exc	lusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	
_			Yes No
	art II Conservation Easements. Complete if the orga		990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	
	Protection of natural habitat	Preservation of a certified historic	structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conser	vation
	easement on the last day of the tax year.		
_	T . 1		Held at the End of the Tax Year
a	***************************************		
b	* *************************************		2b
C	***************************************	luded in (a)	2c
۵	Number of conservation easements included in (c) acquired after 8/17.	706, and not on a	
3	historic structure listed in the National Register Number of conservation easements modified, transferred, released, ex	dingulahad or torralizated by the grandinated	2d
J	Annual N	kinguished, or terminated by the organizati	on during the
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor	******	
•	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor		
•	>	-mgmg and read the second coming and ye	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	> \$,	
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	escribes the
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Art		Similar Assets.
	Complete if the organization answered "Yes" to I		
٦a	If the organization elected, as permitted under SFAS 116 (ASC 958), i	•	
	works of art, historical treasures, or other similar assets held for public		erance of
	public service, provide, in Part XIII, the text of the footnote to its finance		b
b			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance or
	public service, provide the following amounts relating to these items:		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
~		r other similar appets for financial gain, are	
2	If the organization received or held works of art, historical treasures, o		vide trie
_	following amounts required to be reported under SFAS 116 (ASC 958)		▶ ¢
a	Revenues included in Form 990, Part VIII, line 1		S

	dule D (Form 990) 2012 VOICES IOI				<u> 58-202</u> 0:	321_		P	age 2
Pa	rt III Organizations Maintaining	Collections of	Art, Historical	Treasures,	or Other Sim	ilar Assets	(contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other record	ls, check any of the	following that a	are a significant u	se of its			
а	Public exhibition	d 🗆	Loan or exchange p	rograms					
b	Scholarly research		Other	Ŧ					
С	Preservation for future generations	·J							
4	Provide a description of the organization's colle	ections and explain	n how they further th	e organization	's avamnt nurnas	o in Dort			
	XIII.	oonono ana oxpian	Thou they further th	e organization	s exempt purpos	emran			
5	During the year, did the organization solicit or	roccivo donationa	of ort biotorical tree						
•	assets to be sold to raise funds rather than to	be maintained as	or art, mistorical trea	sures, or other	sımılar		\Box		1
Рs	assets to be sold to raise funds rather than to art IV Escrow and Custodial Arra	ngemente. Co	mploto if the organizati	on s collection	<u> </u>	t- F 00	Ye	<u>s _</u>	No
	line 9, or reported an amount			anization ai	iswered res	to Form 99	υ, Ραπ Ι	٧,	
12									
Id	Is the organization an agent, trustee, custodiar		-					r==	1
	included on Form 990, Part X?						. L Ye	s X	Νo
D	If "Yes," explain the arrangement in Part XIII at	nd complete the fo	llowing table:						
						<u> </u>	Amoun	<u>t</u>	
	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For	m 990, Part X, line	21?				ΧY	s	No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	xplanation has been	provided in Pa	art XIII			X	
	rt V Endowment Funds. Comple	te if the organi	zation answered	"Yes" to Fo	rm 990. Part I	V. line 10.			
		(a) Current year	(b) Prior year	(c) Two ye		hree years back	(e) Fou	r years t	ack
1a	Beginning of year balance	•	·			-	<u> </u>		
	Contributions			<u> </u>		100			
	Net investment earnings, gains, and			-			 -		
_									
d	Oranda as askalasakia	·/· -					 		
	Other expenditures for facilities and	****		-					
•									
	programs								
	Administrative expenses			<u> </u>			 		
_	End of year balance								
2	Provide the estimated percentage of the currer	nt year end balanc	e (line 1g, column (a	ı)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
C	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c should	•							
За	Are there endowment funds not in the possess	ion of the organiza	ation that are held ar	nd administere	d for the				
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
Ь	If "Yes" to 3a(ii), are the related organizations I	isted as required o	on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the co				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Pa	rt VI Land, Buildings, and Equip			ne 10.					
	Description of property	(a) Cost or other t		or other basis	(c) Accumulat	ed	(d) Book	value	
		(investment)	((other)	depreciation	n	, ,		
1a	Land		-						
h	Buildings					94.77.1			
~	Leasehold improvements								
				64,104	60	,272		2 9	332
	Equipment Other		- 	01,101		7474		٠, ١	<i></i>
	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Par	t X. column (B). line	10(c))	1	•		3 - 1	332
		· v · · · · · · · · · · · · · al		1717111		- 1		~ / '	

(10)	<u> </u>	4 X.		
(11)				f
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,464			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to	the organization's financia	al statements that	reports the organization	n's
liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the				
DAA			Schedule D (i	Form 990) 2012
			`	

Schedule D (Form 990) 2012 Voices for Alabama's Children		1	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	turn	
Total revenue, gains, and other support per audited financial statements		_1	426,674
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			"
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	p	3	426,674
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	***************************************	4c	· · · · · · · · · · · · · · · · · · ·
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	426,674
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per l		405 500
1 Total expenses and losses per audited financial statements		1	425,629
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d 33		
e Add lines 2a through 2d		2e	33
3 Subtract line 2e from line 1	r	3	425,596
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	4a		
b Other (Describe in Part XIII.)	_4b		
c Add lines 4a and 4b		4c	405 506
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information		5	425,596
Part IV, Line 2b - Escrow Liability Arrangem Organization expends funds at the instruction Education Office of School Readiness.		. Depa	rtment of
Part XII, Line 2d - Expense Amounts Included	in Financials -	Othe	r
Book / Tax Depreciation Difference	<u> </u>	}	33
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Schedule D (f	Form 990) 2012	_Voices f	or Alabama's	Children	58-202032 <u>1</u>	Page 5
Part XIII	Supplemer	ntal informatio	on (continued)	-		
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SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Voices for Alabama's Children

Employer identification number 58-2020321

D,	art I Types of Property	<u> </u>	ADAMA B CITT	<u>aren</u>		<u> 3 </u>		
	Types of Froperty	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on	(d) Method of determin	_		
1	Art—Works of art	-		Form 990, Part VIII, line 1g	noncash contribution a	nounts		
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Rocks and publications							
5	Books and publications Clothing and household							
3	goods		A PARAMETER .					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded		<u>.</u>					
10	Securities—Closely held stock	<u> </u>		<u>. </u>				
11	Securities—Partnership, LLC,							
•								
12	Securities—Miscellaneous							
13	Qualified conservation							 -
	contribution—Historic							
	•							
14	structures Qualified conservation							
	contribution—Other							
15	Real estate—Residential	<u> </u>						
16	Real estate—Commercial		<u> </u>					
17	Real estate—Other							
18	Collectibles							
19	Collectibles	 		<u></u>				
20	Food inventory Drugs and medical supplies			**** <u></u>				
21								
22	Taxidermy Historical artifacts			<u></u>				
23	Historical artifacts		-		····			
23 24	Scientific specimens			<u> </u>				
	Archeological artifacts	x	2	27 570				
25 26	Other ►()	├ ^		27,570				
20 27	Other ►(
28	Other ►()							
<u>20 </u>		<u> </u>			<u> </u>			
25	Number of Forms 8283 received by the which the organization completed Forms 8283 received by the second sec							
	which the organization completed FC)IIII 0203, I	Part IV, Donee Acknowle	agement	29		г	T
30a	During the year did the executanting						Yes	No
JUA	During the year, did the organization	-						eriğe Jaan
	it must hold for at least three years for			on, and which is not require	ed to be	1	' '	J
_	used for exempt purposes for the en	_	period?			30a	 	X
b or	If "Yes," describe the arrangement in		-11- 11- 1- 11			1		
31	Does the organization have a gift acc			-				l
20-	contributions?					31	<u> </u>	X
32a	Does the organization hire or use this		-	<u>-</u>				
	contributions?	· · · · · · · · · · · · · · · ·				32a		X
þ	If "Yes," describe in Part II.							
33	If the organization did not report an a	amount in o	column (c) for a type of p	roperty for which column (a) is checked,		10	
	describe in Part II.						7.5	

Schedule M (Form	990) (2012)	Voices	for A	labama'	s Chil	dren	58-	-2020321		Page 2
Part II	and 33, a	nental Info and whethe	rmation. C er the organ	omplete thi ization is re	is part to pe porting in	rovide the Part I, colu	information mn (b), the	required by F number of co	Part I, lines 30 ontributions, th itional informa	b, 32b, ne
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

me of the organization Voices for Alabama's Children	Employer identification number 58-2020321	
Form 990, Part VI, Line 11b - Organization's Process to	o Review Form 990	
No review was or will be conducted.		
Form 990, Part VI, Line 12c - Enforcement of Conflicts	Policy	
Board reviews annually their individual interests and	reports to the board	
any perceived conflicts.		
Form 990, Part VI, Line 15a - Compensation Process for	Top Official	
Board annually reiviews salary level of executive direction	ctor and sets	
compensation for the coming year subject to budgetary	restraints.	
Form 990, Part VI, Line 19 - Governing Documents Discl	osure Explanation	
No documents available to the public		
Form 990, Part XI, Line 9 - Reconciliation of Changes	- Other	
Book / Tax Depreciation Difference	\$ -33	
Form 990, Part XI, Line 9 - Other Changes in Net Asset	s Explanation	
Rounding	\$ 1	
	,,	

8/14/2013 3:35 PM Fund Raising Management & General Form 990, Part IX, Line 11q - Other Fees for Service (Non-employee) 10,542 10,542 Program Service Federal Statements 10,542 10,542 Expenses Total VOICES Voices for Alabama's Children Description FYE: 12/31/2012 Annual Report Total 58-2020321

VOICES Voices for Alabama's Children 58-2020321 FYE: 12/31/2012

Federal Statements

Schedule A, Part II, Line 1(e)

Amount	\$ 3,650	F00 100	20,000	C C	000,18	2,500		2,000		24,000		12,500		1,500				83,971		112,500		10,000		1,000		1,500		5,000	\$ 306,605
Description	Membership Dues and Assessments Other	The Caring Foundation	Cash Contribution	Alabama Fower Foundation Cash Contribution	GlaxoSmithKline	Cash Contribution	O'Neal Steel	Cash Contribution	Russell Corporation	Office Facilities	Goodrich Foundation	Cash Contribution	Hobbs Foundation	Cash Contribution	Blue Cross Blue Shield of Alabama	Facilities for Kids Count Confer	The Annie Casey Foundation	Cash Contribution	Marguerite Casey Foundation	Cash Contribution	Robert Myer Foundation	Cash Contribution	Sterne Agee Group, Inc.	Cash Contribution	Summit Asset Management	Cash Contribution	Amerigroup Charitable Foundation	Cash Contribution	Total

VOICES Voices for Alabama's Children 58-2020321 FYE: 12/31/2012

Federal Statements

Schedule A, Part II, Line 12

Total

Amount	118,761	1,000	120,069
	₩	ſ	∾∥

VOICES Voices for Alabama's Children

58-2020321

Federal Statements

8/14/2013 3:35 PM

FYE: 12/31/2012

Linda O. Tilly

Org retirement or deferred

Description	 mount
Helath Retirement	\$ 6,588 2,425
Total	\$ 9,013