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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 Open to Public Inspection

<u>A</u>	For the	e 2009 calendar year, or tax year beginning and	ending		
В	Check if applicable	le Please use IRS C Name of organization		D Employer identification	ation number
Γ	Addre	ess label or a TITTE COVICE AT LITERAGE			
F	Name chang	type 5 6		52-22	275123
Ē	Initial		Room/suite	E Telephone number	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ē	Termi	Chaodia	820	(202)	347-2030
Ē	Amen	ded tions Characteristics and 710 d	· · · · · ·	G Gross receipts \$	5,293,346.
Ē	Applic			H(a) Is this a group ret	
	pendi			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inclu	
1	Tax-ex	empt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527		If "No," attach a li	st (see instructions)
		te: ► WWW.AFTERSCHOOLALLIANCE.ORG		H(c) Group exemption	number >
K	Form of	forganization: X Corporation	L Year	of formation: 2000 M	State of legal domicile: DC
<u>_LP</u>	art I	Summary			
201	1 2 3 4 5 6 7a b 8 9 10	Briefly describe the organization's mission or most significant activities SEE	PART I	II, LINE 1.	
OGE .	2	Check this box  If the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	ets
~ ~	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
29	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
es	5	Total number of employees (Part V, line 2a)		5	15
	6	Total number of volunteers (estimate if necessary)		6	11
Š	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
$\mathbb{Z}$	b	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	7b	0.
Ü	3			Prior Year	Current Year
୍ଷ	`  8	Contributions and grants (Part VIII, line 1h)		2,997,716.	5,222,820.
en/	9	Program service revenue (Part VIII, line 2g)		30,525.	34,020.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		58,373.	27,125.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,993.	9,381.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,091,607.	5,293,346.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			557,500.
"	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	1,111,979.	1,173,933.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		1,111,019.	<u> </u>
Der	. loa	Total fundraising expenses (Part IX, column (D), line 25)	19.	~	
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<del></del>	1,583,194.	1,603,311.
	1	Total expenses Add lines 13-17 (must equal Part-IX, column (A), line 25)		2,695,173.	3,334,744.
	19	Revenue less expenses Subtract line 18 from line 12 RECEIVED		396,434.	1,958,602.
t Assets or	3	.	Be	ginning of Current Year	End of Year
sets	20		31 F	3,869,283.	5,871,654.
t As	21	Total liabilities (Part X, line 26)	<b>ဂ်</b>	274,446.	318,215.
2	22	Net assets of fullo balances. Subtract line 21 Hoff line 20	Z _	3,594,837.	5,553,439.
P	art II				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	nd statements, any knowledge	and to the best of my knowledge	and belief, it is true, correct,
		Land H	•	1 06	2/2 1
Sig	gn	Santon de Mari		10/2	6/20/0
He	re	Signature of officer		Date /	
		JODI GRANT, EXECUTIVE DIRECTOR Type or print name and title			
_		Date	l Ch	eck if Preparer	's identifying number
Pa	id	The parents $\square$		f- (see instr	uctions)
Pre	parer's		- I V   em	ployed ►	
Us	e Only	yours if self-employed), self-employed), 4550 MONTGOMERY AVE., SUITE 650	МОРФЕ	EIN ►	
		address, and ZIP+4  BETHESDA, MARYLAND 20814-2930	MORTE	Phone no ► (3	(01) 051_0000
NA-	v tha l	RS discuss this return with the preparer shown above? (see instructions)		T-HOUR HO ► ( 2	
	001 02-0		anarata inc	tructions	Yes No Form <b>990</b> (2009)
932	JU 1 UZ-1	24 10 Sept. 1 of 1 fireby Act and 1 aperwork freduction Act House, see the Se	sharare 1112	u uouona.	1 01111 990 (2009)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		,	_
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		<u>X</u> _
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide		i	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 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		ļ	
	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		ł	
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			• •
40	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		v
17	located outside the United States? If "Yes," complete Schedule F, Part III  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	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,"	10		-21
	complete Schedule G, Part III	19	1	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	The state of the s	Form	990 c	
			- (-	/

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		,,	
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
00		22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ĺ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00	X	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	240		х
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24a 24b		
c	Did the organization minest any proceeds of tax-exempt borids beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	<del> </del>	
·	any tax-exempt bonds?	240		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
204	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZSa		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	2009

Form	990 (2009) AFTERSCHOOL ALLIANCE		52-2	2275	<u> 123</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance						
				_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable	1a		9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming				l
	(gambling) winnings to prize winners?	1	ı	_	1c	_X_	<u> </u>
<b>2</b> a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			4.5			
	filed for the calendar year ending with or within the year covered by this return	_2a_		15		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu				2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see						v
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ea by t	nis return?		3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			-	3b		<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			}	4-		Х
L	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country	accou	iii, <sup>,</sup>	ŀ	4a		
D	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Rank :	and	<del></del>			
	Financial Accounts	Dank	and				
5a	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 transc	action?	)	Ī	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi			F			
J	Tax Shelter Transaction?	J			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization soli	cıt			
	any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts				
	were not tax deductible?			Į	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services	s			
	provided to the payor?			-	7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			-	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	luired		<b>-</b> -		
	to file Form 8282?	1	I	-	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a benefit contract?	persor	iai		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf	ract?		İ	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			İ	7g		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		equired?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or			ne l			
-	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc						
	at any time during the year?			/A	8_		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?			/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N	/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	1	1				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	<del> </del>				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			ļ	
11	Section 501(c)(12) organizations. Enter	1	I			İ	
a	Gross income from members or shareholders N/A	11a	-				
b							
40	amounts due or received from them)	11b			10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 104 1 12b			12a		1
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	I	_	Form	990	(2009)

Form 990 (2009) 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

Sec	tion A. Governing Body and Management					
		ı	l .		Yes	No
1a	Enter the number of voting members of the governing body	_1a		11		
b	Enter the number of voting members that are independent	_1b		11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision	1 1	1	
	of officers, directors or trustees, or key employees to a management company or other person?			_3_		X X X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		_ 5		<u>X</u>
6	Does the organization have members or stockholders?			6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	s of the			
	governing body?	_		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b_		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following				٠,,	
a	The governing body?			8a_	X	
b	Each committee with authority to act on behalf of the governing body?			_8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched .	at the			37
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 0- 4- 1	9		<u>X</u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )			
40.	Describe exceptation have local shorters bronches as offlicted?			40	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	ahant	ara affiliates	_10a_		
b	If "Yes," does the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with those of the organization?	Спарі	ers, animales,	105		
	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	dina th	a form?	10b	Х	
11	Describe in Schedule O the process, if any, used by the organization to review this Form 990	illing ti	e iomir	11	_^_	
11A	Does the organization have a written conflict of interest policy? If "No," go to line 13			10-	Х	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld aıv	o rico	12a	-1	
ນ	to conflicts?	aio giv	c (15 <b>c</b>	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe			
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			_13_	X	
14	Does the organization have a written document retention and destruction policy?		,	14	X	
15	Did the process for determining compensation of the following persons include a review and approve	•	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				:	
а	The organization's CEO, Executive Director, or top management official			15a	_X	
þ	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a			
	taxable entity during the year?			16a_		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	on's			
<u> </u>	exempt status with respect to such arrangements?		<del></del>	16b		
	tion C. Disclosure			<del></del>	_	
17	List the states with which a copy of this Form 990 is required to be filed CA, MD, NY		\(\frac{1}{2}\)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	1 (501)	c)(3)s only) availa	DIE TOF		
	public inspection. Indicate how you make these available. Check all that apply					
40	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	or interest policy	, and fina	incial	
00	statements available to the public	لميد	anda af Here are			
20	State the name, physical address, and telephone number of the person who possesses the books a LORENA LOPEZ $-202-347-2030$	na rec	oras of the organ	iization 🕨	_	
	1616 H STREET, NW, SUITE 820, WASHINGTON, DC 2000	16 - 4	917			
	TOTO IL DIRECT, MW, BULLE 020, WASHINGTON, DC 2000	0-4	3 1 I	r	990	2000

932006 02-04-10

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

Name and Title	(A)	(B)	y cu	11611		) (2)	, une		(D)	(E)	(F)
Per   Week   Fig.   F											
TERRY PETERSON		hours	(ct	neck	all	that	арр	ly)	compensation	· .	amount of
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LUCY FRIEDMAN	TERRY PETERSON										<del></del>
LUCY FRIEDMAN   VICE-CHAIR   1.00   X   X	CHAIRMAN	1.00	X	<u></u>	Х				0.	0.	0.
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HERB STURZ   SECRETARY   1.00   X   X   X   0.	REINALDO LLANO	•									
SECRETARY	CO-TREASURER	1.00	Х		Х				0.	0.	0.
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JODI GRANT       200,917.       0. 34,614.         EXECUTIVE DIRECTOR       40.00       X       200,917.       0. 34,614.         URSULA HELMINSKI       VP, EXTERNAL AFFAIRS       36.00       X       134,636.       0. 10,179.         JENNIFER RINEHART       VP, POL. & RESEARCH       32.00       X       120,231.       0. 7,556.			Ì								
EXECUTIVE DIRECTOR       40.00       X       200,917.       0. 34,614.         URSULA HELMINSKI       VP, EXTERNAL AFFAIRS       36.00       X       134,636.       0. 10,179.         JENNIFER RINEHART       VP, POL. & RESEARCH       32.00       X       120,231.       0. 7,556.		1.00	X				<u> </u>	_	0.	0.	O.
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VP, EXTERNAL AFFAIRS       36.00       X       134,636.       0. 10,179.         JENNIFER RINEHART       VP, POL. & RESEARCH       32.00       X       120,231.       0. 7,556.		40.00	<u> </u>		X			_	200,917.	0.	34,614.
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		32.00	]	<u> </u>		<u> </u>	X		120,231.		

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Form **990** (2009)

52-2275123

Par	T VII Section A. Officers, Directors, Tru	ustees, Key I	mpl	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	<b>~</b>						Reportable	Reportable	- 1		timate	
		hours	(0	heck	k all	that	арр	ly)	compensation	compensation from related	- 1		nount	
		per week	ector						from the	organization	- 1		other pensa	
			9	8			ated		organization	(W 2/1099-MIS			om th	
			ndividual trustee or director	nstitutional trustee		e e	шреп		(W-2/1099-MISC)			•	anızat	
			dualt	utiona		Key employee	est co oyee	ā					d relat	
			Indiv	ıst	Officer	Key	Highest compensated employee	<b>Former</b>				orga	anızatı	ons
ΔΤ.٦	CE GALLIN													
	OF PARTNERSHIPS	32.00	1				x		108,135.		0.		2.3	16.
<u> </u>	OI IIIIIIIIIIII	32.00							100,1331					
					ŀ	ļ								
											-			
				_	<u> </u>	ļ								
			$\bot$		<u> </u>	_	$oxed{oxed}$				$\longrightarrow$			
			+	-		<u> </u>	<b>↓</b>							
			-	╁	-		-				$\longrightarrow$			
-			+	┼	$\vdash$	-			-					
	Total				_				563,919.		0.	5	4 6	65.
2	Total number of individuals (including but r	not limited to	those	e liste	ed a	bov	e) wh						<del>=</del> , 0	<del>03•</del>
_	compensation from the organization	iot iii iii iio a to		,	<b>J</b>		o,			,,000 10portab				4
	compensation from the organization												Yes	No
3	Did the organization list any former officer	. director or ti	uste	e. ke	v en	olan	vee.	or h	nighest compensated er	nplovee on	ſ			<u> </u>
•	line 1a? If "Yes," complete Schedule J for s				,		, ,		g/root copo//outou c.			3	l	x
4	For any individual listed on line 1a, is the si			omp	ens	atioi	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15									Ū		_4	Х	
5	Did any person listed on line 1a receive or	accrue comp	ensa	tion	from	n an	y unr	elat	ted organization for serv	ices rendered to				
	the organization? If "Yes," complete Sched	dule J <u>f</u> or suci	n per	son								_5	<u> </u>	X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated i	ndep	ende	ent d	cont	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization													
	(A)								(B)				<b>)</b>	
	Name and business							_	Description of s		C	ompe	nsatio	n
	VLER HOFFMAN, LLC, 192				CI	SC	0	- 1	STATE AND NA		ı			
	VD. SUITE G, SAN RAFAE								COALITION BL	DG.		<u>23</u>	<u>9,7</u>	<u> 109.</u>
	SOLUTIONS INC, 1250 E			,	ΝW	,		Į		7.0		~ ~	^ ^	
	ITE 800, WASHINGTON, D			1/0	<b>.</b>				MEDIA SERVIC	ES		22	<u>u,9</u>	50.
	SHINGTON PARTNERS LLC,						۸۳		CONCUE DENC /	ODDUTNO		10	0 0	
AV	ENUE, NW, STE 400, WAS	TINGTO	٧,	חה		υU	U D	$\dashv$	CONSULTING/L	OBBILNG		12	<u>u, u</u>	00.
								- 1			į			

Form **990** (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

	1 990 (		RSCHOOL A	TPTI TANCE	<u> </u>	,	<u>52-2275</u>	123 Page 9
Pa	rt VII	I Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, gransimilar amounts not included about	nts, and ove 1f	5218194.				
Son	_	Noncash contributions included in lines  Total. Add lines 1a-1f	s 1a-1f \$		5222820.			
	2 a	REGISTRATIONS		Business Code 900099	34,020.	34,020.		
Program Service Revenue	b c d e							
<u>a</u>		All other program service reve	enue		24 020		<del>.</del>	
	3	Total. Add lines 2a-2f Investment income (including other similar amounts)	dividends, inter	est, and	34,020. 27,125.			27,125.
	4 5	Income from investment of ta Royalties	x-exempt bond p	oroceeds  (II) Personal	5,525.			5,525.
	b	Gross Rents Less rental expenses Rental income or (loss)	(l) Hour	(ii) i craonai				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities	(II) Other				
		and sales expenses Gain or (loss) Net gain or (loss)		<b>•</b>				
Other Revenue	8 a	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18						
t d		Less direct expenses	b					
	9 a	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	_	<b>•</b>				
	С	Less direct expenses  Net income or (loss) from gan  Gross sales of inventory, less	=	<b>&gt;</b>				
	b	and allowances Less. cost of goods sold Net income or (loss) from sale	a b			_		
	11 a	Miscellaneous Revenu		Business Code 900099	3,856.			3,856.
	c d e	All other revenue Total. Add lines 11a-11d			3,856.			
93200 02-04	12	Total revenue See instructions		<b>&gt;</b>	5293346.	34,020.	0.	36,506. Form <b>990</b> (2009)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	and 501(c)(4) organization and 501(c)(4) organization and 501(c)			(D).
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the U.S. See Part IV, line 21	530,000.	530,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	27,500.	27,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	226,446.	175,363.	38,312.	<u> 12,771.</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ĺ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	812,440.	704,296.	98,273.	9,871.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	16,739.	14,173.	2,202.	<u>364.</u>
9	Other employee benefits	48,301.	42,085.	5,703.	513.
10	Payroll taxes	70,007.	59,277.	9,204.	1,526.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	64,122.		64,122.	
d	Lobbying	73,300.	73,300.		·
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other	765,307.	764,455.	288.	564.
12	Advertising and promotion	114,180.	114,180.		
13	Office expenses	64,563.	57,138.	5,607.	1,818.
14	Information technology	101,136.	88,083.	12,400.	653.
15	Royalties				
16	Occupancy	100,126.	78,258.	20,564.	1,304.
17	Travel	52,541.	51,151.	121.	1,269.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	159,190.	150,011.	8,764.	415.
20	Interest	786.		786.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,971.		19,971.	
23	Insurance	3,870.		3,870.	
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
2	MEDIA	51,903.	51,903.		
b	ACTIVITY FUNDS	18,620.	18,620.		
Č	DUES AND SUBSCRIPTIONS	11,875.	9,758.	351.	1,766.
d	RECRUITING	1,821.	1,736.		85.
e		-,000			
f	All other expenses			<del></del>	
25	Total functional expenses Add lines 1 through 24f	3,334,744.	3,011,287.	290,538.	32,919.
26	Joint costs Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					Form <b>990</b> (2000)

Form 990 (2009)

Part X	Balance Sheet				2273123   age 1
			(A) Beginning of year		<b>(B)</b> End of year
1	Cash non-interest-bearing		13,944.	1	35,157.
2	Savings and temporary cash investments		2,905,494.	2	3,423,517.
3	Pledges and grants receivable, net		825,000.	3	2,224,548.
4	Accounts receivable, net		25,082.	4	70,169.
5	Receivables from current and former officers, di	rectors, trustees, key			
	employees, and highest compensated employe	es Complete Part II			
	of Schedule L			5	
6	Receivables from other disqualified persons (as	defined under section			
	4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
	Part II of Schedule L	<u> </u>		6	
<u>ح</u> ا	Notes and loans receivable, net			7	
Assets 8 8 9	Inventories for sale or use			8	
۶   ۴	Prepaid expenses and deferred charges		21,540.	9	31,740.
10a	Land, buildings, and equipment cost or other				
	basis Complete Part VI of Schedule D	10a 108,393.			,
ь	Less accumulated depreciation	10b 71,830.	50,973.	10c	36,563.
11	Investments · publicly traded securities		•	11	<u> </u>
12	Investments - other securities See Part IV, line	11	·	12	
13	Investments program related See Part IV, line	11		13	
14	Intangible assets			14	-
15	Other assets See Part IV, line 11		27,250.	15	49,960.
16	Total assets. Add lines 1 through 15 (must equ	al line 34)	3,869,283.	16	5,871,654.
17	Accounts payable and accrued expenses		147,752.	17	151,861.
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
ဖွာ 21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	Payables to current and former officers, director	s, trustees, key employees,			
ਫ਼ੂ	highest compensated employees, and disqualifi	ed persons Complete Part II			
<b>:</b>	of Schedule L ,			22	
23	Secured mortgages and notes payable to unrela	ated third parties		23	
24	Unsecured notes and loans payable to unrelate	d third parties		24	
25	Other liabilities Complete Part X of Schedule D		126,694.	25	166,354.
26	Total liabilities. Add lines 17 through 25		274,446.	26	318,215.
	Organizations that follow SFAS 117, check he	ere X and complete			
SS	lines 27 through 29, and lines 33 and 34.				
ğ 27	Unrestricted net assets		1,997,859.	_27	2,466,992.
<u></u>	Temporarily restricted net assets		1,596,978.	28	3,086,447.
변   29	Permanently restricted net assets			29	
[ ]	Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and			
<u>ة</u>	complete lines 30 through 34.				
Net Assets or Fund Balances 2	Capital stock or trust principal, or current funds	1		30	
ğ 31	Paid in or capital surplus, or land, building, or ed	juipment fund		31	
₹   32	Retained earnings, endowment, accumulated in	· · · · · · · · · · · · · · · · · · ·		32	
ž   33	Total net assets or fund balances	Ī	3,594,837.	33	5,553,439.
34	Total liabilities and net assets/fund balances	Ī	3,869,283.	34	5,871,654.
					Form <b>990</b> (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
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		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		
		Form	990 (	2009)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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

2009

Open to Public Inspection

lame of	the organizati	on			-			E	mployer	identification r	umber		
	AFTERSCHOOL ALLIANCE 52  I Reason for Public Charity Status (All organizations must complete this part ) See instructions												
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See inst	tructions					
he orgar	nization is not a	private foundation	because it is (For lines	1 through 1	11, check	only one b	ox)						
1 🖳	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	).					
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)									
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)	(A)(ıii).						
4 🔲	A medical res	search organization (	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(ıı	i). Enter t	the hospital's na	ıme,		
	city, and state	e											
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental uni	t describ	ed in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)										
6 🖳	A federal, sta	ite, or local governm	ent or governmental unr	t described	d in sectio	n 170(b)(	I)(A)(v).						
7 X	An organızatı	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public described	nı b		
	section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	=			-									
9 📖	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershij	p fees, a	nd gross receipt	s from		
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross inve	stment		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 30, 1	975		
		<b>509(a)(2)</b> . (Complete	•										
10	-		perated exclusively to te	•	•		, ,,	•					
11 📖	•	•	perated exclusively for the				,	•	•				
			ations described in secti				?) See sec	ction 509(a	a)(3). Che	eck the box that			
			organization and compl		_					1			
	a Type I		· ·	• •	e III - Func	•			d	Type III - Othe			
e		-	it the organization is not		•		•						
		_	han one or more publicly		_				a)(1) or	section 509(a)(2	)		
f	_	ation received a witt rganization, check th	ten determination from t	ine ino ina	шиѕату	pe i, Type	ii, or Type	# III					
•		•	organization accepted ar	ay aift or co	antribution	from any	of the follo	owing par	one?		L		
g	_		irectly controls, either al			=				Ye	s No		
			upported organization?	one or tog	oution with	porsons	icocinoca i	iii (ii) aiio (i	iii) belew,	11g(i)	3 110		
	_		n described in (i) above?	,						11g(ii)	1		
		•	person described in (i)		<b>-</b> ?					11g(iii)	1		
h	• •	•	about the supported or							(			
		3	,,	<b>J</b>	<b>\-</b> /								
(i) Name	e of supported	(ii) EIN	(III) Type of	(IV) is the c	rganization	(v) Did yo	u notify the	(vi) ls		(vii) Amoun	t of		
٠,,	anization	(11) 2.11	organization (described on lines 1-9	in col (i) lis	sted in your	organizat	ion in col.	organization (i) organiz		support	101		
_			above or IRC section	governing	document?	(ı) of you	r support?	(',' " " Ü S	.?	,			
			(see instructions))	Yes	No	Yes	No	Yes	No				
				ļ			i 						
				<u> </u>	-		ļ						
<del>-</del> -	<u> </u>												
l otal													
							A						

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

### Schedule A (Form 990 or 990-EZ) 2009 AFTERSCHOOL ALLIANCE 52-2275123 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)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	5,924,712.	2,584,575.	1,986,550.	2,997,716.	5,226,676.	18,720,229.
2	Tax revenues levied for the organ-					İ	
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	ĺ					
	the organization without charge						
4	Total. Add lines 1 through 3	5,924,712.	2,584,575.	1,986,550.	2,997,716.	5,226,676.	18,720,229.
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)						11,123,980.
	Public support. Subtract line 5 from line 4						7,596,249,
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	5,924,712.	2,584,575.	1,986,550.	2,997,716.	5,226,676.	18,720,229.
8	Gross income from interest,						
	dividends, payments received on	Ì				]	
	securities loans, rents, royalties						
	and income from similar sources	36,412.	76,933.	111,162.	63,366.	32,650.	320,523.
9	Net income from unrelated business					į	
	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)	_					
11	Total support. Add lines 7 through 10						19,040,752.
12	· ·	,	•			12	121,421.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	. $\Box$
50	organization, check this box and stor		roontago		<del></del>	<del></del>	
			<del></del>	. (0)	<del></del>		20 00 %
	Public support percentage for 2009 (	, , , , , , , , , , , , , , , , , , , ,	•	column (t))		14	39.89 %
	Public support percentage from 2008				4 00 1/00/	15	40.63 %
168	33 1/3% support test - 2009.If the o	•		•	4 IS 33 1/3% OF IT	iore, cneck this bo	x and ►X
	stop here. The organization qualifies		•		line 15 in 22 1/20/	ماد بامومام متحصي	
, c	33 1/3% support test - 2008. If the o				IIIIE 15 IS 33 1/3%	or more, check in	IS DOX
174	and stop here. The organization qual 10% -facts-and-circumstances tes	•	•		12 162 or 16b o	and line 14 is 1004.	or more
176	and if the organization meets the "fac	_					•
				=		it iv now the organ	IIZALIOII
	meets the "facts-and-circumstances"	-	•		•	70 and line 15 := 1	<b>▶</b> □ 10% or
r	10% -facts-and-circumstances tes	=					
	more, and if the organization meets the				•		, 
10	organization meets the "facts and-circ Private foundation. If the organization			•			
10	i ilvate loundation, il the organizatio	an aid flot check a	DOX 011 mile 10, 10	a, 100, 17a, 01 170			
					SCH	edule A (Form 990	OI 990-EZ) 2009

Par	t III   Support Schedule for (	Organizations	Described in	Section 509(a	(Complete only	ıf you checked the b	ox on line 9 of Part I.)
Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 (	Gifts, grants, contributions, and						
r	nembership fees received (Do not						
II	nclude any "unusual grants ")				<u> </u>		
n fo a	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in iny activity that is related to the organization's tax-exempt purpose						
3 (	Gross receipts from activities that						
а	re not an unrelated trade or bus-						
II	ness under section 513						
4 T	ax revenues levied for the organ-		_				
	zation's benefit and either paid to or expended on its behalf						
5 T	The value of services or facilities						
f	urnished by a governmental unit to						
	he organization without charge				ĺ		
6 T	otal. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	received from disqualified persons						
	mounts included on lines 2 and 3 received						
е	om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
c A	Add lines 7a and 7b				. =		
	Public support (Subtract line 7c from line 6) ion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(-/	(5) = 5.5	10/ = 0.1	<u> </u>	(0) 2000	(1) 1014
10a C	Gross income from interest, lividends, payments received on securities loans, rents, royalties and income from similar sources						
bί	Inrelated business taxable income						
	less section 511 taxes) from businesses cquired after June 30, 1975						
c A	Add lines 10a and 10b						
a v	Net income from unrelated business ictivities not included in line 10b, whether or not the business is equiarly carried on						
12 (	Other income Do not include gain or loss from the sale of capital						
	issets (Explain in Part IV)  otal support (Add lines 9, 10c, 11, and 12)						
	irst five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth t	ax vear as a sectio	n 501(c)(3) organiz	ration
	heck this box and stop here				a.v. , ou. u.o u oooo	00 . (0)(0) 0. ga	<b>.</b> □
	ion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2009 (			column (fl)		15	%
	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•			16	%
	ion D. Computation of Inves					1:5 1	
	nvestment income percentage for 20					17	<del></del> %
	nvestment income percentage from	•	•	,		18	<u>~~~~</u>
	33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than 3		
	nore than 33 1/3%, check this box a						
	33 1/3% support tests - 2008. If the	•					and .
	ne 18 is not more than 33 1/3%, che	-			•		<b></b>
	Private foundation. If the organization		-			-	
	The resident of the organization	J.J. IIII OHOON A		a, ooo, oneon ti			0 or 990-EZ) 2009

#### **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

OMB No 1545-0047

Open to Public Inspection

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.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

Name of orga	001(c)(4), (5), 01 (6) 01ganiza	tions Complete Part III		F	
Name of orga				Emp	loyer identification number
Part I-A		HOOL ALLIANCE panization is exempt un	dor coation FO1/o	Varia a section 507 a	52-2275123
L1	-				organization.
	•	ation's direct and indirect politi	ical campaign activities		
	expenditures			▶ \$	S
3 Volunte	er hours				
Part I-B	Complete if the ord	janization is exempt un	der section 501(c	)(3).	
L		incurred by the organization ur	······		S
	•	incurred by organization manage		_	<u> </u>
	•	n 4955 tax, did it file Form 4720	•		Yes No
	correction made?	. ,	· · · · - <b>,</b> · ·		Yes No
b If "Yes,"	describe in Part IV				
Part I-C		janization is exempt un	der section 501(c	), except section 501	(c)(3).
1 Enter th	e amount directly expende	by the filing organization for s	ection 527 exempt fund	ction activities	3
	• •	ization's funds contributed to d	•		
	function activities		3	▶ 9	8
3 Total ex	empt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-PO	L.	
line 17b					S
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
		nployer identification number (E	EIN) of all section 527 p	olitical organizations to which	
		he amount paid from the filing		•	• •
	•	vered to a separate political or	•	,	
(PAC) I	f additional space is needed	d, provide information in Part IV			·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-)	()	(0)	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
		-	_		

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 AFTERSCHOOL ALLIANCE 52-	2275123 Page 2
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).	
A Check ► ☐ If the filing organization belongs to an affiliated group	
B Check In the filing organization belongs to an anniated group  If the filing organization checked box A and "limited control" provisions apply	
Limits on Lobbying Expenditures (The term "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) 46,302	
b Total lobbying expenditures to influence a legislative body (direct lobbying)  49,666	
c Total lobbying expenditures (add lines 1a and 1b) 95,968	
d Other exempt purpose expenditures 3,238,776	
e Total exempt purpose expenditures (add lines 1c and 1d) 3,334,744	<del></del>
f Lobbying nontaxable amount. Enter the amount from the following table in both columns 316,737	
If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  The lobbying nontaxable amount is:  20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	
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	
g Grassroots nontaxable amount (enter 25% of line 1f) 79,184	
h Subtract line 1g from line 1a If zero or less, enter -0-	
i Subtract line 1f from line 1c. If zero or less, enter -0-	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	•1
reporting section 4911 tax for this year?	Yes No
4-Year Averaging Period Under Section 501(h)	163 110
(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.)	
Lobbying Expenditures During 4-Year Averaging Period	
Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009	(e) Total
	. 1,171,544.
b Lobbying ceiling amount (150% of line 2a, column(e))	1 757 216
(150% of line 2a, column(e))	1,757,316.
c Total lobbying expenditures 78,259. 88,254. 94,809. 95,968	357,290.
d Grassroots nontaxable amount 68,542. 73,774. 71,387. 79,184	. 292,887.
e Grassroots ceiling amount (150% of line 2d, column (e))	439,331.

43,412.

35,716.

Schedule C (Form 990 or 990-EZ) 2009

46,302.

f Grassroots lobbying expenditures

44,371.

169,801.

Schedule C (Form 990 or 990-EZ) 2009 AFTERSCHOOL ALLIANCE 52-227512

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 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 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e 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? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	No (5), or se	Amou
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e 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?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5), or se	
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art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), or se	
	)(5), or se	
501(c)(6).		ction
		Yes
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	
B Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	3	
"Yes."  1 Dues, assessments and similar amounts from members	1	<del></del>
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 .5	
	3	
•	3	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
·	4 5	

### Schedule D

(Form 990)

Department of the Treasury

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Internal Revenue Service Name of the organization Employer identification number AFTERSCHOOL ALLIANCE 52-2275123 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area 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 conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 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)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

		HOOL ALLIA					52-22			
Pai	t III   Organizations Maintaining C	ollections of A	rt, Historical	Treasures, o	or Oth	er Simila	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of t	he following tha	it are a s	significant i	use of its	collection	ı item	s
	(check all that apply)		r							
а	Public exhibition	d	I <u> </u> Loan or e	xchange progra	ams					
b	Scholarly research	е	Other		<u>.</u>					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organizati	on's exe	mpt purpo	se in Par	t XIV		
5	During the year, did the organization solicit or	r receive donations	of art, historical ti	easures, or oth	er sımıla	r assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if organization	answered "Ye:	s" to For	m 990, Pa	rt IV, line	9, or		
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribut	ions or other as	sets not	tincluded				
	on Form 990, Part X?							Yes		] No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table							
								Amount		
С	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 Fo	orm 990, Part X, line	21?					Yes		No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete if	f the organization an	swered "Yes" to	Form 990, Part	IV, line	10				
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	. ,								
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	ıs					1		
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	<del></del> %								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are hel	d and administe	ered for t	the organiz	ation			
	by				.=. •	<i>3</i>		ſ	Yes	No
	(i) unrelated organizations							3a(ı)		
	(ii) related organizations							3a(II)		
b	If "Yes" to 3a(ıı), are the related organizations	s listed as required o	on Schedule R?					3b		
4	Describe in Part XIV the intended uses of the	•								
	t VI Investments - Land, Building			90, Part X, line	10					
	Description of investment	(a) Cost or o		ost or other		ccumulate	ed	(d) Bool	k valu	—— е
		basis (investr	1 ' '	sis (other)	1.7	preciation		(-,		-
	Land									
b	Buildings				-					
c	Leasehold improvements									
d	Equipment			93,993.		64,6	30.	2.9	9 . 3	63.
_	Other			14,400.		7,2				00.
	Add ince to through to (Column (d) must e		V == (D) dia	- 10/-11	1	.,2	-	2.		63

Sche	dule D (Form 990) 2009 AFTERSCHOOL ALLIANCE			2275123	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Auc	dited Financial St	atement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		5,293	,346.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		3,334	,744.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		1,958	,602.
4	Net unrealized gains (losses) on investments	4			
5	Donated services and use of facilities	5	_		
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net) Add lines 4 through 8	9			0.
10 Pai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 of XII Reconciliation of Revenue per Audited Financial Statements.	10 │ With Revenue pe	r Return	<u>1,958</u>	<u>.602.</u>
1	Total revenue, gains, and other support per audited financial statements	•	1	5,316	.996.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			0,020	, , , , ,
а	Net unrealized gains on investments	a			
b	Donated services and use of facilities 28		0.		
c	Recoveries of prior year grants 2c				
ď	Other (Describe in Part XIV)	·   · · · · · · · · · · · · · · · · · ·	<u> </u>		
e	Add lines 2a through 2d	<del></del> -1	2e	23	,650.
3	Subtract line 2e from line 1		3	5,293	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1	<u> </u>	70101
а	Investment expenses not included on Form 990, Part VIII, line 7b	a			
b	Other (Describe in Part XIV)	***			
c	Add lines 4a and 4b	<del> I </del>	4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	5,293	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses p	per Retu		
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	3,358	.394.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities 2a	a 23,65	0.		
b	Prior year adjustments 2t				
С	Other losses 2d				
d	Other (Describe in Part XIV)				
е	Add lines 2a through 2d		2e	23	,650.
3	Subtract line 2e from line 1		3	3,334	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	a			
b	Other (Describe in Part XIV)				
	Add lines 4a and 4b		4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	3,334	
	rt XIV Supplemental Information		•	•	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete t				4, Part
	RT X: IN JUNE 2006, THE FINANCIAL ACCOUNTING				
<u>(F</u>	ASB) RELEASED FASB ASC 740-10, INCOME TAXES,	THAT PROVID	ES GU	IDANCE I	FOR
RE	PORTING UNCERTAINTY IN INCOME TAXES. FOR THE	YEAR ENDED	DECEM	BER 31,	_
20	09, THE ALLIANCE HAS DOCUMENTED ITS CONSIDERA	TION OF FAS	B ASC	740-10	AND_
DE'	PERMINED THAT NO MATERIAL UNCERTAIN TAX POSIT	IONS QUALIF	Y FOR	EITHER	
RE	COGNITION OR DISCLOSURE IN THE FINANCIAL STAT	EMENTS.	_		
_		·			

932054 02-01-10

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990)

Employer identification number

**2** Schedule I (Form 990) 2009 4. ROGRAMMING AND SYSTEMS, ROGRAMMING AND SYSTEMS, 52-2275123 ROGRAMMING AND SYSTEMS. PROGRAMMING AND SYSTEMS ADVANCE OUT-OF-SCHOOL ADVANCE OUT-OF-SCHOOL ADVANCE OUT-OF-SCHOOL ADVANCE OUT-OF-SCHOOL (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) o o. o. 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 125,000, 125,000 125,000 125,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations AFTERSCHOOL ALLIANCE 13-4004600 05-0276059 36-3893022 20-5116880 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization PREVENTION - 70 EAST LAKE STREET, PARTNERSHIP, INC. - 128A TREMONT UNITED WAY OF RHODE ISLAND, INC. SUITE 720 - CHICAGO, IL 60601 STREET, SUITE 4F - BOSTON, MA ILLINOIS CENTER FOR VIOLENCE THE AFTER-SCHOOL CORPORATION MASSACHUSETTS AFTERSCHOOL 140 BROADWAY, 16TH FLOOR or government PROVIDENCE, RI 02909 NEW YORK NY 10018 50 VALLEY STREET Part Part II 02108

25

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: THE GRANTEES NEED TO PROVIDE PROGRESS REPORTS THAT INCLUDE SUMMARY OF KEY ACTIVITIES AND ACCOMPLISHMENTS AND FINANCIAL (d) Amount of non-cash assistance 0. 0. 19,000. 8,500 (c) Amount of cash grant (b) Number of recipients 19 (a) Type of grant or assistance STIPENDS TO AMBASSADORS CLASS 08-09 STIPENDS TO AMBASSADORS CLASS 09-10 SUMMARY OF EXPENDITURES Part III

Schedule I (Form 990) 2009

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932 102 02-02-10

Page 2

52-2275123

AFTERSCHOOL ALLIANCE

#### SCHEDULE J (Form 990)

### **Compensation Information**

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

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

2009

Open to Public Inspection

Employer identification number

52-2275123

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions

AFTERSCHOOL ALLIANCE

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

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply X Written employment contract Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(2)	(0)	(E)	(F)
		io imponio (a)	2001 1000 110		Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	reported in prior Form 990 or
	-	7	1	c			T C C	
	€ :	CT'/RT	3, 10		. 426 , 324 .	0,230.	235,531.	
JODI GRANT	▣	0	0	0	0	•	0	0
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	<u> </u>							
	Ξ							
	(11)							
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Page 3

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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information		PART I, LINE 4B: JODI GRANT, EXECUTIVE DIRECTOR, PARTICIPATES IN A 457 PLAN.	PART I, LINE 7: THE EXECUTIVE COMMITTEE ESTABLISHES AN INCENTIVE BONUS		BONUS DETERMINATION IS MADE BASE ON THE EXECUTIVE DIRECTOR ACCOMPLISHMENTS	THE YEAR.							Schedule J (Form 990) 200

#### **SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

2009
Open To Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

Name of ti	ne organization ${ m AF}^{\circ}$	TERSCHO	OL A	ALL	IANCE					mployer 52-22		ication n !3	umber
Part I					n 501(c)(3) and section	n 501(c)(4)	organizatio	ns only)					
	Complete if the org	anization ansv	wered "\	Yes"	on Form 990, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40	)b		
1	(a) Name of di	squalified per	son			(b) [	Description (	of transa	ction				ected?
							•					Yes	No
												<del>                                     </del>	
												<del> </del>	
2 Enter	the amount of tax imp	oosed on the o	organiza	ation	managers or disqualifi	ed person	s during the	year un	der				
	n 4958												
3 Enter	the amount of tax, if a	any, on line 2,	above,	reiml	oursed by the organiza	ation				▶ \$			
Part II	Loans to and/o	or From Int	ereste	ed F	Persons	· · · · · · · · · · · · · · · · · · ·							
<u> </u>					on Form 990, Part IV,	line 26 or	Form 990.E	7 Dart \	Line 39	20			
(a) N	ame of interested	(b) Loan			(c) Original principal		ance due		In	(f) App	oroved	(g) W	rıtten
pers	on and purpose	the orga			amount	(a) Baic	arioc age	defa			ard or nittee?	agree	
		То	Fror	m				Yes	No	Yes	No	Yes	No
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										-	-	ļ	
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Total			ļ.		<b>&gt;</b> \$	L					L	<u> </u>	
Part III	Grants or Assi	stance Bei	nefitin	ıg Ir	iterested Person	s.		L				'	
•	Complete if the org	anization ansv	wered "`	Yes"	on Form 990, Part IV,	line 27							
(	a) Name of interested				(b) Relationship between	een interes		and				d type o	f
					the or	ganization			4		assistar	nce 	
						<del> </del>							
													·
					<u> </u>								
									1				<del></del>
Part IV	Business Tran	sactions Ir	nvolvir	ng lı	nterested Person	ıs.							
	Complete if the org	anization ans	wered "	Yes"	on Form 990, Part IV,	line 28a, 2	8b, or 28c		<del>,</del>			T	<u>;</u> -
(	a) Name of interested	l person			Relationship between in		(c) Amo			Descript			ring of ation's
				ŗ	person and the organiz	zation	transa	ction		transact	ion	rever	
OUD T C	TODIED HELM	TNCVT		7 T D	T TNO OF UD	<del></del>	7.0	600	T-ZT-3 T	OTOR	,	Yes	No
CUKTS.	ropher helm	тиркт		סדק	LING OF VP		12	, 500	·WEE	SSITE	1	-	Х
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization  AFTERSCHOOL ALLIANCE	Employer identification number 52-2275123
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
CHALLENGE	
EXPENSES \$ 223824. INCLUDING GRANTS OF \$ 0. REVENUE \$	34020.
AMBASSADORS	
EXPENSES \$ 175213. INCLUDING GRANTS OF \$ 27500. REVEN	UE \$ 0.
LOBBYING	
EXPENSES \$ 95967. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE	
FIRM'S AUDITORS AND REVIEWED BY THE DIRECTOR OF FINANCE AND ADMINISTRATION	
BEFORE BEING SENT TO THE EXECUTIVE DIRECTOR AND VP OF EXT	ERNAL AFFAIRS. IF
THERE WERE COMMENTS OR QUESTIONS, THESE ARE DISCUSSED WITH THE FIRM'S	
AUDITORS. AFTER THE 990 WAS REVIEWED, IT WAS SENT TO THE CHAIR OF THE AUDIT	
COMMITTEE FOR REVIEW AND APPROVAL. ONCE THE 990 WAS APPROVED BY THE CHAIR	
OF THE AUDIT COMMITTEE, THE 990 FORM WAS SENT TO THE FULL BOARD FOR FINAL	
REVIEW BEFORE IT WAS FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS	AND STAFF ARE
REQUIRED TO COMPLETE AND SUBMIT A SIGNED AND DATED CONFLICT OF INTEREST	
POLICY ANNUALLY, INDICATING THAT THEY HAVE READ AND COMPLY WITH THE POLICY.	
A CHECKLIST IS MAINTAINED AND MONITORED. FOLLOW UP EMAIL REQUESTS AND/OR	
TELEPHONE CALLS ARE MADE UNTIL ALL OUTSTANDING POLICIES A	RE RECEIVED.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

AFTERSCHOOL ALLIANCE

Employer identification number 52-2275123

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE
AFTERSCHOOL ALLIANCE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND
MAKES A RECOMMENDATION TO THE BOARD. THIS RECOMMENDATION OF THE EXECUTIVE
DIRECTOR'S COMPENSATION AND/OR BONUS IS THEN APPROVED TO REFLECT
PERFORMANCE ACCOMPLISHMENTS PLUS A COLA (COST OF LIVING ADJUSTMENT). IN THE
FUTURE, IT IS THE BOARD'S INTENT TO BRING THE CEO'S POSITION IN LINE WITH
THE MEDIAN SALARY AT SIMILAR ORGANIZATIONS PER GUIDESTAR GUIDELINES.
ALL STAFF ARE SUBJECT TO AN ANNUAL SALARY REVIEW AND REVISION THAT IS
APPROVED BY THE EXECUTIVE DIRECTOR AND SUBJECT TO BOARD REVISION.
AFTERSCHOOL ALLIANCE POLICY STATES THAT ANY RAISE EQUAL TO AN INCREASE OF
10% OR MORE OF AN EMPLOYEE'S CURRENT SALARY MUST BE APPROVED, IN ADVANCE,
BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.