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ECHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Name of the organization **UTAH AFTERSCHOOL NETWORK, INC** Employer identification number 76-0820361

| The Utah Afterschool Network is a 501C-3, non-profit exempt status organization. UAN and its partners belive high quality afterschool |
|--|
| programs keep you of Utah safe, support working families and foster strong links among schools, families and communities The UAN |
| vision and mission is that every child in Utah has access to a high quality afterschool program. |
| 4a: DWS mentor contract funding: \$118,000 00: Provides funding for for two out-of-School Time Specialists who the netowrk employs, |
| supervises and provides workspace and equipment. The scope of work includes the monitoring, evaluation, technical assistance and |
| consultation services statewide to educators and professionals participating and establishing existing and new afterschool programs. The |
| specialists currently work with over 100 programs statewide |
| Afterschool Community Partnerships and Public Awareness: City/School Partnerships. \$94,360 00. The Utah Afterschool Network employs |
| supervises, provides workspace and equipment for one full-time employee to provide written report evaluations, assist in grantee |
| orientations, quality trainings, consultations and technical assistance services statewide. The employee also develops and maintains |
| communication strategies, provides forums and participation in public awareness events through the promotion of quality outcomes for |
| programs utilizing educational resources to foster learning experiences in out of school time programs throughout the state of Utah. |
| DWS base grant \$ 36000 : The agency is contracted to encompass a wide spectrum of individuals, state agencies, and community |
| organizations and educational stakeholders within local communities statewide that have interest and need in the welfare of Utah's |
| children. The agency provides the administration of of quality ınıtiitiaves through the partnerhsips and outreach efforts of local community |
| leaders and geographically designated areas statewide. The Agency sponsors seminars, institutes, discussions, and trainings to educate |
| and provide professional development resources to leaders and professionals in the field to encourage expansion of afterschool programs |
| for youth statewide |
| The reason for the information in this schedule O having been omitted from the original return is staff turnover and the assumption that the |
| required information was included within the body of the return. Last year's return was filed as 990EZ, and the supplemental schedules |
| were not included Reference to the prior return resulted in the assumption that the Schedule O was not needed |
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UTAH AFTERSCHOOL NETWORK INC 254 S 600 E STE 200 SALT LAKE CITY UT 84102



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

 $\frac{3-1-12}{\text{Date}}$

Title

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