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Form **990**

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)

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 2011

Open to Public Inspection

AI	for the	2011 calendar year, or tax year beginning and	enaing	_	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres change	s AFTERSCHOOL ALLIANCE			
	Name change			52-2	275123
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
〒	Termin- ated		1100111700110	(202	
干	Amend	ed City or town, state or country, and ZIP + 4		G Gross receipts \$	2,803,835.
\vdash	lreturn Applica				
_	⊥tiòn pendin	F Name and address of principal officer JODI GRANT		H(a) Is this a group re	Yes X No
		SAME AS C ABOVE		for affiliates?	
_			🗀 50	H(b) Are all affiliates inc	
		mpt status X 501(c)(3)	or 527	┥ '' '' '	list (see instructions)
		e: WWW.AFTERSCHOOLALLIANCE.ORG	T. v	H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 2000 N	A State of legal domicile: DC
		Briefly describe the organization's mission or most significant activities SEE	ממעם	III, LINE 1.	
Activities & Governance	1 1	Shelly describe the organization's mission or most significant activities	PART .	LII, LINE I.	
rna	2	Check this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	ssets
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	15
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
80	1	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	19
itie	1	Fotal number of volunteers (estimate if necessary)		6	15
턇	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ř	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
D.	8 (Contributions and grants (Part VIII, line 1h)		2,545,999.	2,738,905.
25		Program service revenue (Part VIII, line 2g)		40,690.	26,200.
28	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		15,099.	31,170.
<u> </u>	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,009.	6,960.
CURRENCE Revenue	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,606,797.	2,803,235.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		92,864.	117,766.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,262,676.	1,368,840.
penses	1	Professional fundraising fees (Part IX, column (A), line[11e]		0.	0.
ğ	!	Fotal fundraising expenses (Part IX, column (D), line 26)	23.		<u> </u>
%2	1	Other expenses (Part IX, column (A), lines 11a-11d, 1 (524e)	73	1,414,278.	1,513,396.
N		50 100	N GO	2,769,818.	3,000,002.
		Revenue less expenses Subtract line 18 from line 12	0	-163,021.	-196,767.
es or	1		J O B	eginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		5,727,614.	5,524,328.
Ass	21	Total liabilities (Part X, line 26)		337,196.	324,354.
Net Assets or Fund Balances	22 1	Net assets or fund balances Subtract line 21 from line 20		5,390,418.	5,199,974.
P	art II	Signature Block	· · · · · · · · · · · · · · · · · · ·		3/233/3/20
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi		·	
		and 1st		1/16/	2012
Sig	n	Signature of officer		Date /	
Hei		▲ JODI GRANT, EXECUTIVE DIRECTOR			
		Type or print name and title		, .	
		Print/Type preparer's name		Date Check	PO1003783
Pai	d	POST W. ALBRET COD /W////	CPA	11/2//2 if self-employ	ed EU 1003783
Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N			· · · · · · · · · · · · · · · · · · ·
	·	BETHESDA, MD 20814-2930		Phone no. (301) 951-9090
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
		3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	one		Form 990 (2011)

	m 990 (2011), AFTERSCHOOL ALLIANCE 5	2-2275123 Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	$\overline{\mathbf{x}}$
1	Briefly describe the organization's mission:	
	TO ENGAGE PUBLIC WILL TO INCREASE PUBLIC AND PRIVATE INVE	STMENT IN
	QUALITY AFTERSCHOOL PROGRAM INITIATIVES AT THE NATIONAL,	STATE, AND
	LOCAL LEVELS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra	nts and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$897, 472. including grants of \$71,600.) (Revenue \$)
	RESEARCH - PROGRAM DEVELOPMENT - CONDUCTING RESEARCH, GAT	HERING
	INFORMATION AND DEVELOPING FACT SHEETS, AND INFORMATIONAL	MATERIALS ON
	THE AFTERSCHOOL ISSUES. SHARING INFORMATION VIA BRIEFINGS	, TESTIMONY,
	AND MEETINGS WITH NATIONAL LEADERS, LAWMAKERS, AND PUBLIC	AGENCIES.
	TRACKING POLICY DEVELOPMENTS RELATED TO AFTERSCHOOL PROGR	AMS.
4b	(100)	
	PUBLIC AWARENESS - FIELDING AND RESPONDING TO GENERAL INQ	
	THE PUBLIC ABOUT AFTERSCHOOL ISSUES, MEDIA WORK ON AFTERS	
	EFFORTS TO PROMOTE PUBLIC AWARENESS ABOUT THE IMPORTANCE	
	PROGRAMS, SUCH AS THE NATIONWIDE LIGHTS ON AFTERSCHOOL IN	ITIATIVE.
4 -	(0.1.1)(0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
4c	(Code) (Expenses \$589,421. including grants of \$13,837.) (Revenue \$ FIELD DEVELOPMENT - BUILDING RELATIONSHIPS AND PARTNERSHI	DC WIMU
	NATIONAL, STATE, AND LOCAL ORGANIZATIONS AND INDIVIDUALS	
	WORKING IN THE AFTERSCHOOL FIELD, AND SUPPORTING THEIR EF	
	PROMOTE AFTERSCHOOL PROGRAMMING. TRACKING AND DISSEMINATI	
	ON STATE AND LOCAL LEVEL AFTERSCHOOL DEVELOPMENTS. TRAINI	
	SUPPORTERS ON COMMUNICATION, MARKETING AND SUSTAINABILITY	
	DEVELOPING MATERIALS FOR THE AFTERSCHOOL FIELD IN THESE A	REAS.
		
	Other average (Parameter in Cale of the Cale	
4d	Other program services (Describe in Schedule O)	C 200 ·
		6,200.)
<u>4e</u>	Total program service expenses ► 2,651,525.	
13200		Form 990 (2011)

Form 990 (2011), AFTERSCHOOL ALLIANCE
Part IV Checklist of Required Schedules

			· ·	
	1. II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	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	_		37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
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			
	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		}	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	L
		Form	990 (2011)

Form 990 (2011), AFTERSCHOOL ALLIAN
Part IV Checklist of Required Schedules (continued)

		Form	990 (2011)
	Note. All Form 990 filers are required to complete Schedule O	38	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity?			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32	<u> </u>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	31		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
٠	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
C				
b		28b	-	X
а		28a		Х
20	instructions for applicable filing thresholds, conditions, and exceptions)			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	 	<u> </u>
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
00	Schedule L, Part I	25b		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		х
b				
L		_∠oa		
∠⊃a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240	 	
فر	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
С		240		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K If "No", go to line 25	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23	X	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
			Yes	No

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14a

b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13b

13c

X

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.

	Charles & Cahadala O anatoma a seconda to anno anatoma de Bart VI					$\overline{\mathbf{x}}$
<u>Soc</u>	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management					LXJ
Sec	tion A. Governing Body and Management				T.,	T
4	Enter the number of voting members of the governing bady at the and of the toy year	1	15		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	<u>1a</u>		1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
.		46	15			
ь 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	1 <u>b</u>		Ï		
2	officer, director, trustee, or key employee?	ip witi	rany other	_		х
3	Did the organization delegate control over management duties customarily performed by or under the	oo dira	et euponyeion	2_	_	
3	of officers, directors, or trustees, or key employees to a management company or other person?	ie une	ct supervision			X
4	Did the organization make any significant changes to its governing documents since the prior Form	000 w	as filod?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's as		as illeur	5	 	X
6	Did the organization become aware during the year of a significant diversion of the organization is as	3612		6		X
		nnoin	t one or	 		
7 4	more members of the governing body?	ppoii	t one or	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stackt	olders or	/a_		
-	persons other than the governing body?	SIOCKI	loiders, or	7b	! .	х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hv t	he following:	'''		A
а	The governing body?	iai Uy t	ne following.	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	achad	at the	OD	<u> </u>	
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried	at tile	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ue Code)			
	The second of the first se	ic verice			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hante	rs affiliates	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		, aa.c.,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iv bef	ore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	.,	or thing the form	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	officts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			122		
	in Schedule O how this was done	, -		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did 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 approv	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	·			
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, MD, NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, an	d finar	icial	
	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 a	ınd red	ords of the organiza	tion.	•	
	JODI GRANT - 202-347-2030			-		
40000	1616 H STREET, NW, SUITE 820, WASHINGTON, DC 2000	6-4	1917			
13200 01-23-				Form	990 ((2011)

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

- 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.

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

- 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

Clasenbe hours for related organization (W2/1099-MISC) Compens from its part of the part of related organization (W2/1099-MISC) Compens from its part of the	(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
TERRY PETERSON		(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	former	the organization	organizations	compensation from the organization and related organizations
(2) LISA LUCHETA 1.00 X X 0. 0.		1 00	.,		,,					•	•
VICE-CHAIR 1.00 X X X 0. 0.		1.00	X		X			-	U.	0.	0.
SECRETARY		1 00	.,		3,5	,				0	0
SECRETARY		1.00	X		X			_	U.•	0.	0.
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(16) JODI GRANT EXECUTIVE DIRECTOR 40.00 X 228,673. 0. 7,3											
EXECUTIVE DIRECTOR 40.00 X 228,673. 0. 7,3	DIRECTOR	1.00	X	<u> </u>	<u> </u>				0.	0.	0.
	(16) JODI GRANT]				
	EXECUTIVE DIRECTOR	40.00		$oxed{oxed}$	X				228,673.	0.	7,382.
	(17) URSULA HELMINSKI										
	VP EXTERNAL AFFAIRS	36.00	l				X	<u> </u>	141,840.	0.	10,775. Form 990 (2011)

Form **990** (2011)

Part VII Section A. Officers, Directors, Tru	ustees, Key E	mple	оуеє	es, a	nd l	High	est	t Compensated Employ	ees (continued)				
(A)	(B)	(C) Position						(D)	(E)		: 	(F)	
Name and title	Average hours per			check	more	than		Reportable	Reportable			timate	
	week					is bot or/trus			compensation from related			nount other	
	(describe	director						the	organization			pensa	
	hours for	or dire	9,			ated		organization	(W-2/1099-MI	SC)		om th	
	related organizations	1 25	Institutional trustee	ł	 ജ	npens		(W-2/1099-MISC)				anizat d relat	
	in Schedule		tional	_	nploy	st con	_					u reiai anizati	
	O)	Individual	Institu	Officer	Key employee	Highest compensated employee	Former				- J. .		
(18) JENNIFER RINEHART													
VP POL. & RESEARCH	32.00	_	<u> </u>	<u> </u>		X	<u> </u>	139,967.		0.	<u> </u>	<u>8,1</u>	03.
(19) ANITA KRISHNAMURTH				l								_	
STEM POLICY DIRECTOR	40.00	\vdash	 	<u> </u>	<u> </u>	X	<u> </u>	105,276.		0.		5	00.
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		-	1	<u> </u>	-	 			<u> </u>				
1b Sub-total	I	٠	_	-		▶	-	615,756.		0.	2	6,7	60.
c Total from continuation sheets to Part V	II, Section A					\blacktriangleright		0.		0.			0.
d Total (add lines 1b and 1c)						>		615,756.	<u> </u>	0.	2	6,7	<u>60.</u>
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wł	or	received more than \$100	,000 of reportab	le			_
compensation from the organization												Yes	No
2. Did the example too let any former officer	director or to	unto	o 1.		mala		^-	highest componented o	malayoo oo	1		res	NO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, Ke	ey er	пріс	yee	, OI	nignest compensated e	nployee on		3		x
4 For any individual listed on line 1a, is the si			ama	ensa	atior	n and	to b	ther compensation from	the organization				
and related organizations greater than \$15								•	o organization		4	х	
5 Did any person listed on line 1a receive or									dual for services	,			
rendered to the organization? If "Yes," com	nplete Schedu	le J i	or s	uch	pers	son					5		Х
Section B. Independent Contractors													
Complete this table for your five highest co	•	•								npens	ation f	rom	
the organization Report compensation for	the calendar y	/ear	endi	ing v	vith	or w	ithi		/ear				
(A) Name and business	address							(B) Description of s	ervices	С	O) ompe	رر) nsatıo	'n
PR SOLUTIONS INC, 1707 L	STREET	. 1	w	Sī	IJΙ	rЕ							
925, WASHINGTON, DC 2003		, -						MEDIA SERVIC	ES		42	1.8	43.
FOWLER HOFFMAN, LLC				_				STATE AND NA					
P.O. BOX 70206, RICHMOND	, CA 94	<u>80'</u>	7					COALITION BL	DG.		28	0,0	00.
WASHINGTON PARTNERS LLC,													
AVENUE, NW, STE 400, WAS	<u>HINGTON</u>	,]	<u>DC</u>	20	00	<u>05</u>		CONSULTING/L	OBBYING		<u> 12</u>	<u>1,4</u>	<u>17.</u>
													_
2 Total number of independent contractors (includina but r	not li	mite	d to	the	se li	ste	d above) who received m	ore than				
\$100,000 of compensation from the organ		٠, ٠,		0		3							
											Form	990 (2011)

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 14,604. 1a 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d 5,283. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 2719018 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 2738905 h Total. Add lines 1a-1f **Business Code** 26,200. 26,200. Program Service 2 a REGISTRATIONS 900099 f All other program service revenue 26,200. q Total. Add lines 2a-2f Investment income (including dividends, interest, and 31,770. 31,770. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5,722. 5,722. Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis 600 and sales expenses -600. c Gain or (loss) -600. -600. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 1,238 1,238. d All other revenue 1,238. e Total. Add lines 11a-11d 2803235. 26,200. 38,130. Total revenue See instructions. Form 990 (2011)

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) but are not required to complete columns (B), (C), and (D).

Do	Check if Schedule O contains a responsion to include amounts reported on lines 6b,		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	50.000	50.000		
	organizations in the United States. See Part IV, line 21	50,000.	50,000.	-	
2	Grants and other assistance to individuals in	68 866	68.866		
	the United States See Part IV, line 22	67,766.	67,766.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	-			
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,	226 055	200 052	20 065	C 127
_	trustees, and key employees	236,055.	209,853.	20,065.	6,137
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	700 105	660 007	00 454	20 854
7	Other salaries and wages	792,195.	662,987.	90,454.	38,754
8	Pension plan accruals and contributions (include	27 112	21 000	4 000	1 100
_	section 401(k) and section 403(b) employer contributions)	27,113.	21,082.	4,928.	1,103 9,454
9	Other employee benefits	232,417.	180,718.	42,245.	9,454
10	Payroll taxes	81,060.	63,279.	14,517.	3,264
11	Fees for services (non-employees)				
а	Ť	· -			
b	Legal	22 005		32 005	
c	Accounting	32,995.		32,995.	
d	· · · · ·				
e	, F	1,323.		1 222	
f	Investment management fees	633,018.	620 206	1,323.	75
g		80,733.	630,296.	2,647.	/ 5
12	Advertising and promotion	71,835.	75,143.	5,590.	2 120
13	Office expenses		64,235.	5,471.	2,129
14	Information technology	84,892.	71,979.	12,716.	197
15	Royalties	92,510.	79,374.	0 054	2 202
16	Occupancy	65,326.		9,854.	3,282
17	Travel	05,320.	64,076.	400.	770
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	174,989.	163,120.	11 460	401
19	Conferences, conventions, and meetings	1/4,303.	103,120.	11,468.	401
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	13,335.		13,335.	
22	Insurance	3,828.		3,828.	
23	Other expenses. Itemize expenses not covered	3,020.	-	3,020.	
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) MEDIA	196 270	196 270		
a	A CONTUINING DID O	186,270. 48,519.	186,270.		-
b			48,519.	525	2 010
C	VEGGET I NIEGUG EVERNORG	12,014. 10,799.	9,470.	525. 8,313.	2,019
d		1,010.	2,483. 875.	0,313.	<u>3</u>
	All other expenses Add lines 1 through 24s			200 754	135
2 <u>5</u>	Total functional expenses Add lines 1 through 24e	3,000,002.	2,651,525.	280,754.	67,723
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1	}	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non interest-bearing			51,043.	1	12,873.
	2	Savings and temporary cash investments		[4,053,048.	2	3,794,313.
	3	Pledges and grants receivable, net		. [1,480,000.	3	229,937.
	4	Accounts receivable, net		·	33,233.	4	21,178.
	5	Receivables from current and former officers, di	rectors, trustees, kev				
		employees, and highest compensated employe	-				
		of Schedule L	•			5	
	6	Receivables from other disqualified persons (as	defined under section	n			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi	ng			
		employers and sponsoring organizations of sections	ion 501(c)(9) voluntai	y			
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		-	<u> </u>	8	
	9	Prepaid expenses and deferred charges			11,987.	9	20,438.
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a 12	0,559.			
	b	Less accumulated depreciation		3,555.	20,936.	10c	32,004.
	11	Investments - publicly traded securities		11	32,004. 1,341,483.		
	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		77,367.	15	72,102.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		5,727,614.	16	5,524,328.
	17	Accounts payable and accrued expenses			264,005.	17	246,758.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete	Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, director	s, trustees, key empl	oyees,			
ap		highest compensated employees, and disqualifi	ed persons Complet	Part II			
_		of Schedule L				22	<u>, </u>
	23	Secured mortgages and notes payable to unrela	ited third parties			23	
	24	Unsecured notes and loans payable to unrelate	d third parties			24	
	25	Other liabilities (including federal income tax, pa	•	,			
		parties, and other liabilities not included on lines	17-24) Complete Pa	rt X of			
		Schedule D			73,191.	25	77,596.
	26	Total liabilities. Add lines 17 through 25			337,196.	26	324,354.
		Organizations that follow SFAS 117, check he	ere 🕨 💹 and co	mplete			
Ses		lines 27 through 29, and lines 33 and 34.					
ă	27	Unrestricted net assets			2,947,272.	27	3,475,534.
Bal	28	Temporarily restricted net assets			2,443,146.	28	388,232.
<u>p</u>	29	Permanently restricted net assets		, }		29	1,336,208.
Ī.	1	Organizations that do not follow SFAS 117, c	heck here 🕨 📖	and			
õ		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec	•			31	-
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		5 000 115	32	
_	33	Total net assets or fund balances	5,390,418.	33	5,199,974.		
	34	Total liabilities and net assets/fund balances			5,727,614.	34	5,524,328.

Form 990 (2011)

Form	990 (2011) AFTERSCHOOL ALLIANCE	52-227	5123	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\mathbf{x}
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,80	3,2	35.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,000	0,0	02.
3	Revenue less expenses Subtract line 2 from line 1	3	-19	5,7	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,39	0,4	18.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			23.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,19	9,9	74.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated 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 Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule Q and describe any steps taken to undergo such audits		35		

Form **990** (2011)

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.

OMR No. 1545-0047

Inspection

Name of the organization **Employer identification number** 52-2275123 AFTERSCHOOL ALLIANCE Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b ___ Type II c ____ Type III - Functionally integrated d ___ Type III - Other 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organizátion in col in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 aovernina document? (i) of your support? above or IRC section (see instructions)) Yes Yes Nο No LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 AFTERSCHOOL ALLIANCE Part II. Support Schedule for Organizations Described in S (Form 990 or 990-EZ) 2011 AFTERSCHOOL ALLIANCE 52-2275123 Page 2 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)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")	1,986,550.	2,997,716.	5,226,676.	2,545,999.	2.738.905.	15,495,846.		
2	Tax revenues levied for the organ-								
	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				i				
	the organization without charge								
4	Total. Add lines 1 through 3	1,986,550.	2,997,716.	5,226,676.	2,545,999.	2,738,905.	15,495,846,		
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,				į				
	column (f)]					9,531,549.		
6	Public support. Subtract line 5 from line 4						5 964 297		
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	1,986,550.	2,997,716.	5,226,676.	2,545,999.	2,738,905.	15,495,846.		
8	Gross income from interest,								
	dividends, payments received on			·					
	securities loans, rents, royalties								
	and income from similar sources	111,162.	63,366.	32,650.	20,085.	37,492.	264,755.		
9	Net income from unrelated business								
	activities, whether or not the	İ							
	business is regularly carried on								
10	Other income Do not include gain								
	or loss from the sale of capital					i			
	assets (Explain in Part IV)				23.	1,238.	1,261.		
11	Total support. Add lines 7 through 10						15,761,862.		
12	Gross receipts from related activities,	, etc (see instructio	ons)			12	165,761.		
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth tax	year as a section	501(c)(3)			
50	organization, check this box and stor	here	centage				▶ □		
	Public support percentage for 2011 (oluma (6)		44	27 04 **		
				Diumn (1))	}	14	37.84 %		
	Public support percentage from 2010			line 10 and line 1	4 - 22 1/20/	15	39.61 %		
108	a 33 1/3% support test - 2011. If the contact here. The organization qualifies			ine 13, and line 14	4 IS 33 1/3% OF M	ore, cneck this bo	x and ►X		
	stop here. The organization qualifies		•	aa 12 ar 16a aad l	15 22 1/20/				
	33 1/3% support test - 2010. If the c				ine 15 is 33 1/3%	or more, check th	lis box ▶		
17.	and stop here. The organization qual	•	• •		10 1616b -				
172	7a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
ī	b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
					•		·		
40	organization meets the "facts-and-circ						· ►		
18	Private foundation. If the organization	ni did not check a t	30x 011 line 13, 16a	, 100, 17a, 0r 17b,					
					Sche	dule A (Form 990	or 990-EZ) 2011		

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

Se	ction A. Public Support	elow, please com	piete Fait II)				
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11 (f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					,,,==	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
1	O 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)	<u> </u>					
<u>Se</u>	ction B. Total Support						<u> </u>
Cale	endar year (or fiscal year beginning ın) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11 (f) Total
9	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
i	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				į		
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization'	s first, second. the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	organization.
	check this box and stop here		·				▶ □
	Public support percentage for 2011 (column (f))		15	
16						16	
	ction D. Computation of Inves					110	
17						17	<u> </u>
18	· · · · · · · · · · · · · · · · · · ·	·	• • • • • • • • • • • • • • • • • • • •	110 10, 00.011.11 (1),		18	
	a 33 1/3% support tests - 2011. If the			on line 14 and lin	e 15 is more than :		
	more than 33 1/3%, check this box a						
ı	b 33 1/3% support tests - 2010. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33	_
	line 18 is not more than 33 1/3%, che			•		_	nization 🕨 🔲
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		> L_
	222 01 24 12				C-1	A /F	arm 000 ar 000 E7\ 004

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

2011

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.

Open to Public 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) organiza	ations Complete Part III			
Nar	ne of organization			Emp	loyer identification number
	AFTERSO	CHOOL ALLIANCE			52-2275123
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c	or is a section 527 o	organization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect polit	ical campaign activities		3
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)(3).	
1	Enter the amount of any excise tax			▶ \$)
	Enter the amount of any excise tax				}
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	0 for this year?		Yes No
48	a Was a correction made?				Yes No
_	olf "Yes," describe in Part IV			· · · · · · · · · · · · · · · · · · ·	·
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c), except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities	S
2	Enter the amount of the filing organ	nization's funds contributed to c	other organizations for s		
	exempt function activities			▶ \$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here	and on Form 1120-POI	-,	
	line 17b			▶ \$	Yes No
	Did the filing organization file Form	•			Yes No
5	Enter the names, addresses and en				
	made payments For each organization contributions received that were pi				
	political action committee (PAC) If				nte segregated furid of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) EIN	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
	· · · · · · · · · · · · · · · · · · ·				
				i	

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

Schedule C (Form 990 or 990-EZ) 2011

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011	AFTERSCI	HOOL	ALLIANCE	- F04(a)(2) and 6	52-2	275123 Page
Part II-A Complete if the org			ipt under sectio	n soricio) and til	ea Form 5/68	
			ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	are of excess lob	bying e	xpenditures)			
B Check ▶ ☐ If the filing organiza	ation checked b	ox A and	d "limited control" pro	visions apply		
	its on Lobbying ditures" means		ditures nts paid or incurred.)	ı	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public or	inion (q	rass roots lobbying)		45,653.	
b Total lobbying expenditures to infl					50,377.	
c Total lobbying expenditures (add			, , , , , , , , , , , , , , , , , , , ,		96,030.	
d Other exempt purpose expenditur	•				2,903,972.	
e Total exempt purpose expenditure		and 1d)			3,000,002.	
f Lobbying nontaxable amount. Ent				h columns	300,000.	
If the amount on line 1e, column (a)			ying nontaxable ame			
Not over \$500,000	1		he amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$	100,000) plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000 \$	175,000) plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$	225,000) plus 5% of the exce	ss over \$1,500,000	1	
Over \$17,000,000	\$	1,000,0	00			
g Grassroots nontaxable amount (ei	nter 25% of line	16			75,000.	
h Subtract line 1g from line 1a If zer		•			0.	
i Subtract line 1f from line 1c If zer					0.	
j If there is an amount other than ze	•		ne 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this			no n, ara ma argania.		Γ	Yes N
	4-Y€		aging Period Under	• •		
				n do not have to comp s 2a through 2f on pa		
	·		ditures During 4-Yea	 	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2008		(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	285,5	46.	316,737.	288,491.	300,000.	1,190,774
b Lobbying ceiling amount (150% of line 2a, column(e))						1,786,161
c Total lobbying expenditures	94,8	109.	95,968.	98,058.	96,030.	384,865
d Grassroots nontaxable amount	71,3	87.	79,184.	72,123.	75,000.	297,694
e Grassroots ceiling amount (150% of line 2d, column (e))		1				446 541

44,371

Schedule C (Form 990 or 990-EZ) 2011

45,653.

46,302.

44,421

f Grassroots lobbying expenditures

180,747.

Schedule C (Form 990 or 990-EZ) 2011 AFTERSCHOOL ALLIANCE 52-2275123 Page 3 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?	Yes	No	Amo	ount
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?				
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?				
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?				
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?				
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
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?				
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 filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	(5)	_ 4:	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(C)	(5), or se		
		ــــــــــــــــــــــــــــــــــــــ	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? Part III-B Complete if the organization is exempt under section 501(c)(4), section		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."				e 3, is
1 Dues, assessments and similar amounts from members		1		
2 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		
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 excess	s			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political contents and political contents are contents as a second content of the contents and contents are contents as a second content of the contents are contents as a second content of the contents are contents as a second content of the contents are contents as a second content of the contents are contents as a second content of the contents are contents as a second content of the	tical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5		

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 Inspection

Name of the organization

Employer identification number

	AFTERSCHOOL ALLIAN		52-2275123
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds
•	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	or deriver advicer, or for any earlier purpos	Yes No
Pai		nanization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organizat		Tarry, mo
•	Preservation of land for public use (e.g., recreation or e	·	istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	7 Teservation of a ce	rimed historic structure
2	Complete lines 2a through 2d if the organization held a quali	find concontation contribution in the form	n of a consequence accoment on the leat
2	day of the tax year.	ned conservation contribution in the lon	n or a conservation easement on the last
	day of the tax year.		Hold at the Ford of the Tou Vers
_	Total number of conservation easements		Held at the End of the Tax Year
a			2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
a	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by ti	ne organization during the tax
	year •		
4 5	Number of states where property subject to conservation ea Doe's the organization have a written policy regarding the pe		- £
3	violations, and enforcement of the conservation easements i		Yes No
c			
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
^	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
Dat	conservation easements t III Organizations Maintaining Collections o	f Art Historical Transuras or	Other Similar Assets
1 41	Complete if the organization answered "Yes" to Form	•	Other Sillinal Assets.
10	If the organization elected, as permitted under SFAS 116 (AS	*	amout and belongs about wader of art
14	historical treasures, or other similar assets held for public ex	·	•
			ance of public service, provide, in Part XIV,
L	the text of the footnote to its financial statements that describe properties closed as permitted under SEAS 116 (A)		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic 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 tre		ial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$

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Schedule D (Form 990) 2011

	dule D (Form 990) 2011 AFTERSC t III Organizations Maintaining C	HOOL ALLIA		orical Tr	ogenroe (or Oth				Page 2
Щ.	Using the organization's acquisition, accessi									
3	(check all that apply):	on, and other record	is, check	carry or the	rollowing tha	at are a s	ignilicant	use of its	collection	nems
_	Public exhibition		. m.	oan or ove	hanaa araar	ame				
a		d			hange progra	ams				
b	Scholarly research	е	' [] '	Other						
C	Preservation for future generations	-114	- 1					_		
4	Provide a description of the organization's co			-	•			ose in Par	t XIV	
5	During the year, did the organization solicit o					er sımıla	r assets	Γ	٦	
Dos	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa		,							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	is or other as	ssets not	included		٦	
	on Form 990, Part X?								」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						_1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990, Part X, line	21?						」Yes	└── No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo					1	
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	0.								
b	Contributions	1,336,208.								
С	Net investment earnings, gains, and losses	9,278.								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	1,345,486.								
2	Provide the estimated percentage of the cur-	rent year end baland	e (line 1ç	g, column (a	ı)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 99.31	%								
С	Temporarily restricted endowment ▶	<u>.69</u> %								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administe	ered for t	he organız	ation	_	
	by.									Yes No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	lule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's endo	owment t	funds						
Par	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X,	line 10						
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements								<u>.</u>	
d	Equipment			2	1,057.	-	12,2	37.		3,820.
	Other				9,502.		76,3			3,184.
_	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun					>		2,004.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 AFTERSCHOOL ALLIANCE			52-	2275123 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ancial Sta	<u>atemen</u>	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,803,235.
2	Total expenses (Form 990, Part IX, column (A), line 25)	_	2		3,000,002.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-196,767.
4	Net unrealized gains (losses) on investments		4		6,323.
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		6,323.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	10		-190,444.
	t XII Reconciliation of Revenue per Audited Financial Stateme			r Returr	
1	Total revenue, gains, and other support per audited financial statements			1	2,818,235.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			<u> </u>	270207200
a	Net unrealized gains on investments	2a	6,32	3.	
	Donated services and use of facilities	2b	10,00		
c	Recoveries of prior year grants	2c	10,00	•	
d	Other (Describe in Part XIV)	2d		-	
	Add lines 2a through 2d	20 1	_	ا ہے ا	16 323
e	Subtract line 2e from line 1			2e 3	16,323. 2,801,912.
3				3	2,001,312.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	14.1	1 22	,	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,32	3.	
b	Other (Describe in Part XIV)	4b			1 202
C	Add lines 4a and 4b			4c	1,323.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	anda Midh Eve		5	2,803,235.
	t XIII Reconciliation of Expenses per Audited Financial Statem	ients with Ext	penses p	1	
1	Total expenses and losses per audited financial statements			1	3,008,679.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	10 00	,	
а	Donated services and use of facilities	2a	10,00	<u>U • </u>	
b	Prior year adjustments	2b		_	
С	Other losses	2c		_	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	10,000.
3	Subtract line 2e from line 1			3	2,998,679.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,32	3.	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	1,323.
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	3,000,002.
Pai	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	III, lines 1a and 4,	Part IV, line	s 1b and	2b, Part V, line 4, Part
X, line	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com	plete this part to p	rovide any	additiona	l information
PAF	RT V, LINE 4: THE PURPOSE OF THE FUND IS T	O PROVIDE	A RE	LIABL	E
					-
SOU	JRCE OF LONG-TERM INVESTMENT FUNDS TO SUPP	ORT THE C	NGOIN	G ACT	IVITIES OF
AS/	A. ADDITIONALLY, THE FUND IS EXPECTED TO G	ROW IN A	MANNE	R SUF	FICIENT, AT
A 1	MINIMUM, TO MAINTAIN ITS INFLATION-ADJUSTE	D VALUE A	OT CIM	BE I	NVESTED SO
AS	TO MAXIMIZE LONG-TERM TOTAL RETURNS CONSI	STENT WIT	H REA	SONAB	LE LEVELS
					
OF	RISK.				
 -					
					·····
рая	RT X, LINE 2: IN JUNE 2006, THE FINANCIAL	ACCOUNTER	וב פיים	ממעות	S BOARD
	, OVIII BOOV, IIII I IIIMICIMI	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· · · · · · · ·		O DOUBLE

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132054 01-23-12 Schedule D (Form 990) 2011

SCHEDULE I
(Form 990)
Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2011
Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

0 Employer identification number ž 52-2275123 (h) Purpose of grant or assistance X Yes 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 AWARD AWARD AWARD WARD AWARD recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed and address of organization (below if applicable cash grant or government assistance or government cash are and address of organization (c) IRC section if applicable cash grant or government assistance other) 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 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 10 000 10,000, 10,000 10,000 10,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table AFTERSCHOOL ALLIANCE 81-0565800 13-5613797 33-1203055 52-1383374 23-1743636 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization KIDS RETHINK NEW ORLEANS SCHOOLS 7700 EDGEWATER DR., SUITE #818 LINCOLN INTERMEDIATE UNIT #12 1701 K STREET, NW, SUITE 100 AMERICAN HEART ASSOCIATION HIGHER ACHIEVEMENT PROGRAM OAKLAND LEAF FOUNDATION NEW ORLEANS, LA 70125 BURLINGAME CA 94010 WASHINGTON, DC 20006 NEW OXFORD, PA 17350 Name of the organization 101 S. BROAD STREET OAKLAND, CA 94621 1710 GILBERTH RD. 65 BILLERBECK ST Internal Revenue Service Part I PartII

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

Schedule I (Form 990) (2011)

Page 2

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
	recipients	, cash grant	cash assistance	(book, FMV, appraisal, other)	
					•
STIPENDS TO FELLOWS	21	67,766.	0.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I, I	ine 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: AWARDS	ARE	GIVEN TO AFTE	RSCHOOL PRO	AFTERSCHOOL PROGRAMS BASED	
ON VARIOUS CRITERIA FOR OUTSTANDING PER	IG PERFORI	MANCE. USE	S FOR AWARI	FORMANCE. USES FOR AWARD FUNDING IS	
NOT RESTRICTED.					

Schedule I (Form 990) (2011)

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.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Attach to Form 550.

AFTERSCHOOL ALLIANCE

Employer identification number

52-2275123

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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Compensation committee X Written employment contract 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 X a Receive a severance payment or change-of-control payment? 4a Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 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? Х 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 Х 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 not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III Х R If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

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

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

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

					Programme and the second secon			
		(B) Breakdown of W-2	√2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Postroment and	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	compensation reported as deferred in prior Form 990
	Ξ	194,51	26,136.	8,025.	768.	6,614.	236,055.	0.
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S TIRSTIL'A HEL'MINSKI	€ €	128,340.	13,500.		4,161.	6,614.	152,615.	
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Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization **Employer identification number** AFTERSCHOOL ALLIANCE 52-2275123 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CHALLENGE EXPENSES \$ 246.174. INCLUDING GRANTS OF \$ 0. REVENUE \$ 26,200. **AMBASSADORS** EXPENSES \$ 183,086. INCLUDING GRANTS OF \$ 28,500. REVENUE \$ 0. LOBBYING EXPENSES \$ 96,029. 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 CFO BEFORE BEING SENT TO THE EXECUTIVE DIRECTOR AND VP OF EXTERNAL AFFAIRS. IF THERE WERE COMMENTS OR QUESTIONS, THEY WERE 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 ARE RECEIVED. IF A CONFLICT OF INTEREST OCCURS, THE BOARD MEMBER INVOLVED RECUSES HIMSELF FROM

VOTING ON THE MATTER IN OUESTION. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

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Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization Employer identification number AFTERSCHOOL ALLIANCE 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 THE VICE CHAIR TAKES THE LEAD ON MAKING A RECOMMENDATION TO THE REST OF THE EXECUTIVE COMMITTEE. 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). A SURVEY FROM NATIONAL ASSEMBLY WAS USED FOR THE EXECUTIVE DIRECTOR'S COMPENSATION. THE BOARD ALSO USED COMPARABLE ORGANIZATION'S 990S FROM GUIDESTAR AS GUIDELINES FOR COMPARABLE DATA. THE LAST COMPENSATION REVIEW WAS COMPLETED IN DECEMBER 2011 AND THE DECISION WAS DOCUMENTED IN THE EMPLOYEE'S FILE. 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. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS: 6,323.

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