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#### Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 and ending 6/30/2012 7/1/2011 For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable Alliance For A Better Community Doing Business As Address change 31-1760082 E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change Initial return 350 South Bixel 180 213-250-0052 City or town, state or country, and ZIP + 4 Terminated 90017 G Gross receipts \$ CA os Angeles Amended return F Name and address of principal officer No H(a) Is this a group return for affiliates? Application pending Edward Avila 350 South Bixel, Los Angeles, CA 90017 H(b) Are all affiliates included? If "No." attach a list (see instructions) X 501(c)(3) ) < (insert no ) 4947(a)(1) or 501(c) Tax-exempt status Website: ► www.afabc org H(c) Group exemption number ▶ X Corporation Association Other ▶ L Year of formation M State of legal domicile K Form of organization 2000 CA Summary Part I Briefly describe the organization's mission or most significant activities: Study, research and advocate issues of education, health, housing, community development and civic matters that affect the Activities & Governance socially and economically disadvantaged populations. Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 12 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 18 6 14 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 Current Year CANNED OCT 0 1 201 1,148,991 Contributions and grants (Part VIII, line 1h). 996,305 9 Program service revenue (Part VIII, line 2g). 1,463 716 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 997.768 1,149,707 12 34,424 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 801,733 769,546 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part 1) [equimn (A), lines 11a-11d, 11f-24e) 387,296 332,020 17 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,101,566 1,223,453 18 Revenue less expenses Subtracoline 18 from line 12 48,141 -225,685 19 Beginning of Current Year End of Year 1,248,599 1,298,157 20 Total assets (Part X, line 16) 37,582 21 Total liabilities (Part X, line 29 38,999 Net assets or fund balances. Subtract line 21 from line 20 22 1.211.017 1.259,158 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete operation of prepare (others than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Preparer's signature Date Print/Type preparer's name Check X Paid self-employed 9/11/2012 P00009906 Howard Levine Preparer ► Howard J. Levine C.P.A. Firm's EIN ▶ 95-3535569 Firm's name **Use Only** (818) 994-5562 Firm's address ► 16600 Sherman Way #280, Van Nuys, CA 91406 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

	90 (2011)	Alliance For A Better Community	31-1760082	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III	_ · ·	
1		describe the organization's mission		-
	Promot for the	te eguity for Latinos in education, health, economic development and civic engagement betterment of the Los Angeles region.		
	D 111			<del></del>
2	the pric	organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ?	. Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
•	service		. Yes	X No
	If "Yes,	" describe these changes on Schedule O.		٠٠
4	Describ expens	be the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to repart and allocations to others, the total expenses, and revenue, if any, for each program service report	port the amount o	
4a	collabo Los An within r	tion Collaborative - Priortize policies that address rigorous curriculum, school-community ratives, parent education, smaller learning academies and the current dropout crisis in the geles Unified School District Also works towards a quality education for all children egional public schools.		
4b	(Codo)	\/\(\Gamma_{\text{conseq}}\)		
4b	(Code:	) (Expenses \$ 260,146 including grants of \$ ) (Revenu - Address barriers that prevent eligible Latinos from obtaining quality health care.	еъ	)
	Include	es ongoing education, improving access to health care, and providing more culturally		
		/e care.		
	330500	**************************************		
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code:	) (Expenses \$ 251,669 including grants of \$ ) (Revenu	e \$	)
		ducation - A program to increase awareness of early care and education programs, like pool, for Latino children from birth to age 5		
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
4d		program services. (Describe in Schedule O.)		
40	(Expen	ses \$ including grants of \$ ) (Revenue \$		

. a.,	Oncokiist of Required Concedures			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	×	
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,	5		
	Part III			
6	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,	۳		<del>- ^-</del>
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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		×
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,	10		<del>  ^</del>
	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	445		
	Schedule D, Part VI	11a	X	
D	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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	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	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12a	X_	
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	ļ	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		х
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			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<del>ان</del>		<del>  ^</del>
	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		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

31-1760082 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х 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 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV . . . . 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . 35a Χ **b** Did the organization receive any payment from or engage in any transaction with a controlled entity within 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 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 

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 . . . . . . . .

Х

Form 990 (2011) 31-1760082 Alliance For A Better Community Part V-Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V. No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ... Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c gaming (gambling) winnings to prize winners? . . . . . Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? . За 3a If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T?. 5c С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible?. Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year . . . . Ы Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b b Section 501(c)(12) organizations. Enter: 11 11a Gross income from members or shareholders . . . а Gross income from other sources (Do not net amounts due or paid to other sources 

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

. . . .

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year . .

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 

\_

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

Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

Enter the amount of reserves on hand

12a

13

C

13a

Form 990 (2011) Part VI

Alliance For A Better Community

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Sect	ion A. Governing Body and Management				<u> </u>
Seci	IOIT A. GOVERNING BODY and management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 12	2		
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 1:	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with	1		
	any other officer, director, trustee, or key employee?	•	2		X
3	Did the organization delegate control over management duties customarily performed by or und	er the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or of	ther person? .	_3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?	or appoint .	7a		_x_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,	1		
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertain	iken during			
	the year by the following:				
а	The governing body?		8a	X	<b></b>
b	Each committee with authority to act on behalf of the governing body?		8b	X	<del>                                     </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		_		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9	L	<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the I	<u>illernar Revenue C</u>	oue.)	Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chapters			<del>  ^`</del>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	J			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
	describe in Schedule O how this was done		12c	X	L
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14	ļ	X
15	Did the process for determining compensation of the following persons include a review and ap				
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion and decision?		ļ	
а	The organization's CEO, Executive Director, or top management official		15a		<u> </u>
b	Other officers or key employees of the organization		15b	X	<del>                                     </del>
	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 arr	angement	40-		
	with a taxable entity during the year?		16a	<del> </del>	<u> </u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to exparticipation in joint venture arrangements under applicable federal tax law, and take steps to s				
	the organization's exempt status with respect to such arrangements?	alegualu	16b	· · · · · · · · · · · · · · · · · · ·	.
Sect	ion C. Disclosure	•	1100	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed   CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501	(c)(3)s	only	 )
	available for public inspection. Indicate how you made these available. Check all that apply.	•	. , , -	,	,
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing document	nts, conflict of interes	st		
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the boo				
	organization: ► Angelica Solis	213-250-00	52		
	350 South Rivel Los Angeles, CA 90017				

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

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

Section A.	Officers	, Directors,	Trustees,	Key Employ	yees, and Hig	ghest Com	pensated	<b>Employees</b>

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
		(C)	-								
		Position									
(A)	(B)	(do not check more than one	(D)	(E)	(F)						
Name and Title	Average	box, unless person is both an	Reportable	Reportable	Estimated						
	hours per	officer and a director/trustee)	compensation	compensation	amount of						
	week	우 핑 핑 오 중 욕 등 증	from	from related	other						
	/	6 일 월 일 역   왕[명 우 ] 요	41								

Name and Title	Average hours per	office	er an	dad	irect	ıs both or/trust	ee)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Ed Avila President	10 00	Х		х				0	0	0
(2) Arturo Vargas Secretary	5.00	X		х				0	0	0
(3) Frank Quevedo Treasurer	5.00	Х		х				0	0	0
(4) Hector Flores Director	5.00	X						0	0	0
(5) Fernando Torres-Gıl Director	5.00	X						0	0	0
(6) Michele Sigueiros Director	5.00	Х						0	0	0
(7) Ref Rodriguez Director	5.00	Х						0	0	0
(8) Darlene Robles Director	5 00	X						0	0	0
(9) Raul Salinas Director	5.00	Х						0	0	0
(10) Angela Sanbrano Director	5.00	X						0	0	0
(11) Peter Villegas Director	5.00	х						_ 0	0	0
(12) Monica Lozano Director	5.00	X						0	0	0
(13) Angelica Solis Executive Director	40.00				x			95,000	0	9,056
(14)										

Р	art VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	s, a	ınd	High	est	t Compensated	Employees (co	ontinu	ed)	_
	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	òοx,	unles er an	Pos eck s pe	rson	n oil su the box Highest compensated employee	h an tee)	compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	(F) stimated nount of other pensation the anization d relate anization	of ion ion ed
(15)										-			
(16)													
(17)													
(18)													
(19)					-								
(20)													
(21)													
(22)													
(23)													
(24)							ļ — —						
(25)													-
1b c d	Sub-total .  Total from continuation sheets to Part VII, 3  Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organizatio	limited to those	Isted					. Þ	95,000 95,000 ved more than \$				,056 ,056
3	Did the organization list any former officer, die employee on line 1a? If "Yes," complete Sche					yee	e, or l	nigh	nest compensate	ed	3	Yes	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual	eater than \$150		If "							, 4		X
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "									ndıvıdual	5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest comp compensation from the organization. Report c year.											×	
	(A) Name and business add	ress							(B) Description of ser	vices	(C Comper		
	None							-					
		· · · · · · · · · · · · · · · · · · ·											
2	Total number of independent contractors (incl		_	to t	hos	e lis	sted a	abo	ve) who receive	d		· <del></del>	
	more than \$100,000 of compensation from the	e organization											

Pari	t VIII	Statement of Revenue					
_	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
nts nts	1a	Federated campaigns . 1a 102,596	5				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, C Am	С	Fundraising events . 1c	_				
3ift Iar /	d	Related organizations 1d					
s, ( imil	е	Government grants (contributions) 1e 203,310	)				
ion	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 843,085	5			Į.	
ž Ó	g	Noncash contributions included in lines 1a-1f <sup>-</sup> \$					
Cor	h	<b>Total.</b> Add lines 1a–1f	1,148,991		_	Ē	
		Business Code					
Program Service Revenue	2a						
Rev	b						
_ _	c				-	!	
ē	d						
S	ء ا						
gra	f	All other program service revenue			1		
P.	ا ا	Total. Add lines 2a–2f ▶					
	3	Investment income (including dividends, interest, and					
	١	other similar amounts)	716			716	
	4	Income from investment of tax-exempt bond proceeds •	110			1	
	5	Royalties					
	<sup>3</sup>	(i) Real (ii) Personal	<del> </del>				
			-{				
	6a	Gross rents	┥			,	
	b	Less: rental expenses	-				
	C	Rental income or (loss)					
	_d	Net rental income or (loss)			<del> </del>		
	7a	Gross amount none sales of	-{				
		assets other than inventory	-				
	b	Less: cost or other basis					
		and sales expenses .	4				
	С	Gain or (loss)					
	d	Net gain or (loss)			<u></u>		
Other Revenue	8a	Gross income from fundraising	}			i	
/en		events (not including \$					
è		of contributions reported on line 1c).				'	
<u></u>		See Part IV, line 18 a					
Ę	Ь	Less: direct expenses b					
0		Net income or (loss) from fundraising events	1		-	-	
		Gross income from gaming activities.	-			†	
	34	See Part IV, line 19 a			1		
	ь	Less direct expenses b				İ	
		Net income or (loss) from gaming activities	<del></del>		-	-	
		Gross sales of inventory, less			<del> </del>	<u> </u>	
	Iva	· · · · · · · · · · · · · · · · · · ·					
		returns and allowances	-				
	1	2000 000, 0. g0000 00.12					
	<u>c</u>	Net income or (loss) from sales of inventory	·		<del> </del>	<del> </del>	
	1	Miscellaneous Revenue Business Code					
	11a		-	-	+	<del> </del>	
	b		+	<del> </del>	<del>                                     </del>	<del> </del>	
	C		+		<del> </del>	+	
	d	All other revenue			<del> </del>		
	е	<b>Total.</b> Add lines 11a–11d					
	12	Total revenue. See instructions	1,149,707	<b>'</b>		716	

#### 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).

	Check if Schedule O contains a response to any question in this Part IX									
	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 United States. See Part IV, line 21									
2	Grants and other assistance to individuals in the									
•	United States See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the		Ì							
	United States See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
•	trustees, and key employees	98,958	89,171	7,372	2,415					
6	Compensation not included above, to disqualified	00,000	00,111	7,012	2,110					
•	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	516,819	465,704	38,504	12,611					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	22,792	20,882	1,349	561					
9	Other employee benefits	78,255	70,282	6,018	1,955					
10	Payroll taxes	52,722	48,502	2,902	1,31 <u>8</u>					
11	Fees for services (non-employees):									
а	Management									
b	Legal	2,749	2,749	0.000						
C	Accounting	15,775	7,567	8,208						
d	Lobbying									
e f	Professional fundraising services. See Part IV, line 17  Investment management fees									
	Other	122,876	113,844	6,256	2,776					
g 12	Advertising and promotion	59	113,044	59	2,110					
13	Office expenses	11,806	9,841	1,754	211					
14	Information technology	11,000		1,101	2.11					
15	Royalties									
16	Occupancy	50,945	45,884	3,813	1,248					
17	Travel	37,796	35,944	1,393	459					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·					
19	Conferences, conventions, and meetings	29,913	18,313	11,600						
20	Interest	139		139						
21	Payments to affiliates	0.055	7.070	200						
22	Depreciation, depletion, and amortization	8,255	7,678	360	217					
23 24	Insurance	13,565	12,266	980	319					
24	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column			j						
	(A) amount, list line 24e expenses on Schedule O.)									
а	Dues and publications	4,827	4,377	338	112					
b	Equipment rent and repairs	6,845	6,169	509	167					
С	Postage and printing	8,853	8,287	426	140					
d	Telephone	16,951	15,550	1,145	256					
е	All other expenses Miscellaneous	666		666						
25_	Total functional expenses. Add lines 1 through 24e.	1,101,566	983,010	93,791	24,765					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720) .									

31-1760082

Part X' **Balance Sheet** (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 1 2 614,224 2 963,789 Savings and temporary cash investments 588,199 3 Pledges and grants receivable, net . . . . 3 307.732 4 4 Accounts receivable, net . . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L . . . . Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 12.698 9 1,413 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 55,705 10b 33.882 30,078 **b** Less: accumulated depreciation 10c 21,823 11 11 Investments—publicly traded securities Investments—other securities See Part IV, line 11. 12 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets . . . . . Other assets. See Part IV, line 11. 3,400 15 15 3,400 1,248,599 1,298,157 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 37,582 17 Accounts payable and accrued expenses . . . . 38,999 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities . . . . . . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 37.582 26 Total liabilities. Add lines 17 through 25 38.999 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 320,152 27 336,676 28 890,865 28 922,482 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances 1,211,017 33 1,259,158 Total liabilities and net assets/fund balances . 1,248,599 34 1,298,157

Form 9	990 (2011) Alliance For A Better Community	3	1-1760082	Pag	ge <b>12</b>
Par	XI <sup>a</sup> Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u>·</u>		•	Щ_
1	Total revenue (must equal Part VIII, column (A), line 12) .	1	1	1,149	9,707
2	Total expenses (must equal Part IX, column (A), line 25)	2			,566
3	Revenue less expenses Subtract line 2 from line 1	3			3,141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,211	1,017
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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	1	1,259	9 <u>,158</u>
Part	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 O.			_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	Х	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	•	2b	Х	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain i	n			
	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 separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		777.76		
3a	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		X
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	<u>.                                    </u>	3b		
			Form	990	(2011)

# (Form 990 or 990-EZ)

Department of the Treasury

## 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.

► See separate instructions.

Open to Public

OMB No 1545-0047

Inspection

► Attach to Form 990 or Form 990-EZ. Internal Revenue Service Name of the organization Employer identification number Alliance For A Better Community 31-1760082 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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 5 in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 ١x١ 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.) 8 9 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). 10 11 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 Type III-Functionally integrated Type II c 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 A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(ı) 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) Provide the following information about the supported organization(s) h (i) Name of supported (II) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes No (A) (B) (C)

Total

(D)

(E)

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

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

	ion A. Public Support					···	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					İ	
	include any "unusual grants ")	539,548	1,519,120	926,390	996,305	1,148,991	5,130,354
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on			1			
	its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the		1				
	organization without charge						
4	Total. Add lines 1 through 3	539,548	1,519,120	926,390	996,305	1,148,991	5,130,354
5	The portion of total contributions by each						
	person (other than a governmental unit					1	
	or publicly supported organization)		ļ				
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,				l		
	column (f)	*	İ		*		2,152,311
6	Public support. Subtract line 5 from line 4.				<u></u>		2,978,043
	ion B. Total Support	<u> </u>	<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	539,548	1,519,120		996,305		5,130,354
8	Gross income from interest, dividends,	000,040	1,010,120	020,000	000,000	1,110,001	0,700,001
Ū	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	55,377	23,887	8,264	1,463	716	89,707
9	Net income from unrelated business	- 00,017	20,007	0,204	1,100	, , ,	30,707
3	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						5,220,061
12	Gross receipts from related activities, etc. (s	see instructions	)	1		12	0,220,001
13	First five years. If the Form 990 is for the o			rd. fourth. or fif	th tax vear as		)(3)
	organization, check this box and <b>stop here</b>	-					^-′ ▶□
Soci	ion C. Computation of Public Support						
14	Public support percentage for 2011 (line 6,		ed by line 11	column (f)) .		14	57.05%
15	• • • • • • • • • • • • • • • • • • • •					15	45.28%
	33 1/3% support test—2011. If the organiz						
IVa	and <b>stop here</b> . The organization qualifies a						
b	33 1/3% support test—2010. If the organiz						
U	box and <b>stop here</b> . The organization qualifi						
47-	10%-facts-and-circumstances test—2011	• •		-			
17a	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fac				ı quaiilles as a	publicly suppo	, [ ]
	organization.				ino 12 16- 16		luno.
b	10%-facts-and-circumstances test—2010						
	15 is 10% or more, and if the organization in						-Apiaiii III
	Part IV how the organization meets the "fac						. □
							. ▶∟
18	Private foundation. If the organization did						
	instructions		<u>.                                    </u>		•	· · · · ·	. ▶∟

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. See separate instructions.

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

• S	Section 501(c)(4), (5), or (6) or	rganizations. Complete Part III					
	e of organization			E	mployer	identification n	umber
Allia	nce For A Better Commun					31-1760082	
Pa		he organization is exempt und				ganization.	
1	•	the organization's direct and indirect	political campaig	n activities in Part I			
2	Political expenditures .	•			▶ \$ _		1,500
3	Volunteer hours .				• -		
Pa	rt I-B Complete if t	he organization is exempt und	er section 501(	c)(3).			
1		excise tax incurred by the organization			▶ \$		
2	Enter the amount of any	excise tax incurred by organization i	managers under s	section 4955.	▶ \$		
3	If the organization incurre	ed a section 4955 tax, did it file Forn	n 4720 for this yea	ar?	-	. Yes	No
4a	Was a correction made?					Yes	☐ No
b	If "Yes," describe in Part	IV.				_	_
Pa	rt I-C Complete if t	he organization is exempt und	er section 501(	c), except sectio	n 501(c	:)(3).	
1	Enter the amount directly	y expended by the filing organization	for section 527 e	exempt function			
	activities				▶ \$ _		
2		filing organization's funds contribute	d to other organiz	ations			
	for section 527 exempt for			•	▶ \$ _		
3		penditures. Add lines 1 and 2. Enter	here and on Forr	n 1120-POL,			
	line 17b .				▶ \$ _		
4		n file Form 1120-POL for this year?				Yes	∐ No
5		sses and employer identification num					
		nents. For each organization listed, e ontributions received that were prom					
		d fund or a political action committee					
			<u> </u>	-			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization		(e) Amount of contributions red	
				funds If none, ente	r <b>-</b> 0-	promptly and	•
						delivered to a political organi	•
						none, ente	
/4\							
(1) 							· ·
(2)							
(3)							
(4)							
(7)							
(5)							
/6\							
(6)							

Schedule'C (Form 990 or 990-EZ) 2011 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description Yes No Amount of the lobbying activity. 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: Х a Volunteers? . . . Х b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Х Х d Mailings to members, legislators, or the public? . . . . . . . . Х e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? . . . . Х 1,500 g Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . Х h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?. Х i Other activities? . . . 1.500 j Total. Add lines 1c through 1i. Χ 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). No 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . Did the organization agree to carry over lobbying and political expenditures from the prior year? . Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members . Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current vear. 2b **b** Carryover from last year . 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Part IV Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information. Part I-A Line 2 Met with California State Senate and Assembly members and their staff regarding the organization and overview of its policies; offered public comments on various Senate bills and the California budget; Met with LAUSD Superintendent and spoke with staff of various Board members regarding LAUSD High School Graduation Credit Requirements proposal and other matters.

#### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Inspection

Internal Revenue Service Employer identification number Name of the organization Alliance For A Better Community 31-1760082 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 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 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? Yes 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? . . . 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 an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . 2d . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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 Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 If the organization elected, as permitted under SFAS 116 (ASC 958), 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1. . .

Assets included in Form 990, Part X

Part	III Organizations Maintaining Colle	ections of Art	, Histor	ical Tre	asures, or O	ther Si	milar Assets	(contin	ued)					
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant													
	use of its collection items (check all that ap	obla).												
а	Public exhibition		┛╚	Loan	or exchange p	rogram	S							
b	Scholarly research		е 🔝	Other										
С	Preservation for future generations													
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.													
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar													
	assets to be sold to raise funds rather than	n to be maintain	ed as pa	art of the	organization's	collecti	on?	Ye	s 🔝	No				
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.														
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not													
	ıncluded on Form 990, Part X?													
b														
							<i></i>	mount						
C	Beginning balance			•		1c								
d	Additions during the year	•	•			1d								
e	Distributions during the year		•	•		1e								
f	Ending balance				•	1f	1							
2a b	Did the organization include an amount on If "Yes," explain the arrangement in Part X		t X, line	21? .		•		Ye	s X	No				
Part			ion ans	wered "\	es" to Form	990 P	art IV line 10							
		) Current year	(b) Pro		(c) Two years b		d) Three years back		ur years	back				
1a	Beginning of year balance	, ,	.,	,	(1)	,		1 17						
b	Contributions								>					
С	Net investment earnings, gains,									<del></del> ;				
	and losses									ł				
d	Grants or scholarships							*	,	, ,				
e	Other expenditures for facilities									•				
	and programs .									<u>,                                    </u>				
f	Administrative expenses .						- ·							
g	End of year balance							Î	ν.					
2	Provide the estimated percentage of the c	urrent year end	balance	(line 1g,	column (a)) h	eld as:								
а	Board designated or quasi-endowment	•												
b	Permanent endowment													
С	Temporarily restricted endowment													
_	The percentages in lines 2a, 2b, and 2c st													
3a	Are there endowment funds not in the pos	session of the c	organizat	tion that a	are held and a	dminist	ered for the	Г	I					
	organization by:							0-0	Yes	No				
	• • • • • • • • • • • • • • • • • • • •	• • • •					• •	3a(i)		<del></del>				
b	(ii) related organizations If "Yes" to 3a(II), are the related organization				-			3a(ii) 3b						
4	Describe in Part XIV the intended uses of		-					_ 30	1					
Part														
	Description of property					(c) A	ccumulated	(d) Bo	ok valu					
	Description of property	(a) Cost or other basis (investment)		(b) Cost or other basis (other)			(c) Accumulated depreciation		(d) Book value					
1a	Land													
b	Buildings													
C	Leasehold improvements													
d	Equipment				55,705		33,882		2	1,823				
е	Other	<u> </u>												
Total	. Add lines 1a through 1e. (Column (d) mus	st equal Form 9	90, Part	X, colum	n (B), line 10(d	;))	▶		2	1,823				

Page 3

Part VII	Investments—Other Securi	ties. See Form 990, Part 🗵	(, line 12.			
	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m			
(1) Financial	derivatives					
	eld equity interests			<del></del>		
			-			
(B)						
(C)			<del></del>			
(E)		-				
(E)		-				
(G)						
(H)						
(l)						
	must equal Form 990, Part X, col (B) line 12)	<u> </u>				
Part VIII	Investments—Program Rel	ated. See Form 990, Part	-			
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m			
(1)						
(2)						
(3)		-	<del>- </del>			
<u>(4)</u> (5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	) must equal Form 990, Part X, col (B) line 13)	▶				
Part IX	Other Assets. See Form 99			(h) Pook value		
		(a) Description		(b) Book value		
<u>(1)</u> (2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)	ımn (b) must equal Form 990, Part i	Y col (R) line 15 )				
Part X	Other Liabilities. See Form					
1.	(a) Description of liability	(b) Book value		<del></del>		
	l income taxes					
(2)						
(3)						
(4)			_			
(5)			-			
(6)						
(7)			$\dashv$			
(8)			$\dashv$			
(9)		<del>                                     </del>	┪			
(10) (11)			7			
	n) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>				

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2011 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 1,149,707 Total revenue (Form 990, Part VIII, column (A), line 12). 1 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 1,101,566 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 48,141 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 8 Other (Describe in Part XIV) . 9 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 48,141 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1,149,707 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a а Net unrealized gains on investments . . . . Donated services and use of facilities . . 2b h Recoveries of prior year grants . 2c C 2d d Other (Describe in Part XIV.). Add lines 2a through 2d e 2e 3 1,149,707 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIV) . . . . . . Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1,149,707 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1,101,566 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. 2a а 2b Prior year adjustments b Other losses C 2c d Other (Describe in Part XIV). 2d Add lines 2a through 2d. 2e e 1,101,566 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a h Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1,101,566 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer identification number

31-1760082 Alliance For A Better Community Form 990 Part VI Section B Line 11 The Form 990 is carefully reviewed by the Executive Committee and the Treasurer prior to filing. Form 990 Part VI Section B Line 12 Board members are asked annually for updates of affiliations. They are expected to abstain from discussion and voting if there are any potential conflicts of interest. Form 990 Part VI Section B Line 15 Compensation is based on performance, comparison of other like-sized organizations in the region doing similar work and the financial status of the organization. Compensation is approved annually by the Board of Directors. Form 990 Part VI Section C Line 18 Governing documents, conflict of interest policy and financial statements are available upon written request.