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Department of the Treasury

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)

OMB No 1545-0047

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<u>A</u>	For the	2011 cale	ndar year, or tax year be		July 1, 2011		l1, and en	ding	Jun	e 30,	, 2 0 12	
B	Check if a	applicable	C Name of organization_UT	AH AFTERS	CHOOL NETWO	ORK INC				D Employ	er identification n	umber
Ш	Address	change	Doing Business As								76-0820361	
	Name cha	ange	Number and street (or P O	box if mail is r	not delivered to str	reet address)	Room	n/suite		E Telepho	ne number	
	Initial retu	ırn	254 SOUTH 600 EAST					200 801-359-2722				
	Terminate	ed	City or town, state or coun	itry, and ZIP + 4	L							
	Amended	i return	SALT LAKE CITY, UT 84	4102-2092						G Gross re	eceipts \$	361,032
	Application	on pending	F Name and address of princ	cipal officer	ANNELI SEGU	RA, SAME A	AS BUSIN	ESS	H(a) Is this a	group return	for affiliates? Yes	√ No
											ncluded? Yes	
ī	Tax-exen	npt status	✓ 501(c)(3)	3501(c) () ◀ (insert no)	4947(a)(1)	or 527	,			a list (see instruction	
J	Website:		AH AFTERSCHOOL.ORG						H(c) Group	exemption	n number ▶	
ĸ	Form of o			Association	Other▶	L	Year of for	mation		· · · · · · · · · · · · · · · · · · ·	of legal domicile	UT
	art !	Summ				, !			-			
			escribe the organization	n's mission o	or most signific	cant activit	ies: Ext	oand a	nd mobili	ze comm	unity collaborat	ions
	-		ic/private partnerships t									
ည			y for low income childre					3	9	9	- State of Starry	
nar			2									
Activities & Governance	2	Check th	is box ▶ ☐ if the organ	ization disc	ontinued its or	nerations o	r dispose	ed of r	nore than	25% of	ite not accote	
ဇ္ဗ	1		of voting members of the				i dispose	, , , , , , ,	noic than	3		16
•ŏ			of independent voting r	-			 t.VI. line 1	 Ib\				16
ties	1		nber of individuals emp					10) .		5		
ξį			nber of individuals emp	•	-	ιι (Γαιι ν ,	iiile zaj			6		6 15
Ą						76-11-17	<u></u>	ו `				
	7a	Not word	elated business revenu	e nom ran	VIII, COIUITILI ((i) iii	٠٠٠ النا	١		7a		0
_	b	Net unre	lated business taxable	income iron	1 1 - 1	IIIIe 34 .	- k	 	Prior Ye	7b	Current Y	0
	١ ۾	Cambooks	tions and monto (Dout)	/// lime 4 h	MON 18	1 9 201	2 6	l			Current	
e			tions and grants (Part V		ii	. 4 . 4 .	RS	 		79,564		57,355
Revenue			service revenue (Part \		1000			·		377,305		303,614
Æ			ent income (Part VIII, co				17 · 1	-		63		63
			enue (Part VIII, column					_		0		0
	+		enue-add lines 8 throu), line 12)	_		456,932		361,032
	1		nd similar amounts paid	-				<u> </u>		0		0
	1		enefits paid to or for members (Part IX, column (A), line 4)									0
es	1		other compensation, em		-		nes 5-10)		206,010			183,299
Expenses			onal fundraising fees (Pa					_	0			0
Š			draising expenses (Par					<u> </u>				
			penses (Part IX, columr							236,382		195,513
			penses. Add lines 13-17							442,392		378,812
		Revenue	less expenses. Subtra	ct line 18 fro	m line 12 .					14,540		-17,780
Assets or								Beg	inning of Cu		End of Ye	ar
set	20		sets (Part X, line 16) .							163,788		145,808
Net Ag	1		oilities (Part X, line 26) .							2,465		-4250
			ts or fund balances. Su	ibtract line 2	1 from line 20		<u>.</u>			161,323		150,058
P	art II	Signat	ture Block									
			ry, I declare that I have exam								my knowledge and	belief, it is
tru	e, correct,	, and comp	lete Declaration of preparer (other than office	er) is based on all	intormation of	wnich prep	arer na	s any knowi	eage		
		<u> </u>	Dunda							<u>1-8</u>	-2012	
Sig	-	Sign	ature of officer			. 1		, '	Da	_		
He	re		nnell M.	DECVIC	LX	ecuto	We_	U^{\perp}	rect	DR_		
_		<u> </u>	or print name and title	<u>_</u>								
Pa	id	Print/Ty	pe preparer's name	Prep	arer's signature			Date		Check [ıf PTIN	
	epare:	r								self-emp		
	e Only		name ►						Firm	n's EIN ▶		
		Firm's a	address ►						Pho	ne no		
Ма	y the IR	S discus	s this return with the pr	eparer show	n above? (see	e instructio	ns)				Yes	□ No
For	Paperw	ork Redu	ction Act Notice, see the	e separate in:	structions.		Ca	it No 1	1282Y		Form S	90 (2011)

Form 99	0 (2011) Page
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Sustain quality after-school learning programs throughout the state of Utah, with emphasis on low income areas and under-served
	populations.
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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?
	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 measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$96,992 including grants of \$) (Revenue \$118,000)
	After-school program mentors: The agency employs, supervises and provides workspace for two full-time after-school program
	mentors. These mentors provide free technical assistance and consultation to teachers and administrators participating in the
	after-school program initiatives.
	•
4b	(Code) (Expenses \$ 75,293 including grants of \$) (Revenue \$ 94,360)
	Public awareness and promotion of community partnerships: The agency employs, supervises and provides workspace for one full-time employee to develop communication strategies, provide forums for discussion and promotion of quality outcomes from
	utilizing school resources to foster learning experiences in after-school programs throughout the state of Utah. The agency also
	contracts with skilled consultants in developing quality techniques and initiatives for the after-school programs in active use
	throughout the state of Utah. The agency sponsors seminars, roundtable discussions, and multiple other methods to educate the
	community leaders and encourage the expansion of after-school programs in targeted locations within the state of Utah.
4c	(Code:) (Expenses \$ 122,437 including grants of \$ 75,000) (Revenue \$ 47,437)
40	Administration and development of quality initiatives: The agency administers and promotes outreach efforts with community
	leaders and geographically designated school districts. The agency conducts, sponsors and participates in seminars, discussion
	groups, community planning sessions and multiple other venues to promote the sustaining of quality after-school learning for the
	population targeted in its mission.
4d	Other program services (Describe in Schedule O.)
→u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 294.722

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		\ / _
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	17	√
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		1
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? <i>If</i> "Yes," complete Schedule D, Part VIII	11c		1
đ	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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
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		✓
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		✓
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		√
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 (see instructions)	17		√
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		· ✓
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		· ✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	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		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	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 employees? If "Yes," complete Schedule J	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 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," complete Schedule L, Part I	24d 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	25b		√
26	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.	26		1
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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		<u>·</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI </i>	27		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	37	✓	
	· · · · · · · · · · · · · · · · · · ·			

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			7
		<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ļ
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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			İ
	account)?	4a		✓
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
-	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l _		
d		7c		✓
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u></u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	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.			
a b	Did the organization make any taxable distributions under section 4966?	9a		√
10	Section 501(c)(7) organizations. Enter:	9b	-	<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	İ		
a	Gross income from members or shareholders		ı	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	-	<u>✓</u>
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Ì	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	100	-+	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h]	

	90 (2011)			Page 6
Part	· · · · · · · · · · · · · · · · · · ·	-		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			ions.
Socti	Check if Schedule O contains a response to any question in this Part VI	· · ·		. Ц
Secti	on 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 1a	16	H	
	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.			
b		16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	-	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	√
6 7a	Did the organization have members or stockholders?	. 6	-	✓
'a	one or more members of the governing body?	\	}	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		╁	 `
-	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,	İ	
	the year by the following:			
а	The governing body?	8a	✓	ļ
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	' ₉		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve		ode) <u> </u>
<u> </u>	on bit one of the decision by equation makes about possible not required by the internal riote	***************************************	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		✓_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		/	
13	Did the organization have a written whistleblower policy?	12c	V	/
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,
а	The organization's CEO, Executive Director, or top management official	15a	✓	L
b	Other officers or key employees of the organization	15b	✓	
	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 arrangement with a taxable entity during the year?	16a	-	✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed <u>Utah</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	on 501	(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.	of inte	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and record	s of the	Э	

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

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

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

- 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 no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	it officer, directo	r, or trustee.
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Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► None 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 V Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who	(25)		1												
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► None 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 V Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who			<u> </u>	l		L			Ļ_						
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► None Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					•	•		•							
Teportable compensation from the organization ► None 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services (C) Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who									<u> </u>	·	L				
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2				ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000) of		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation None		reportable compensation from the organi	zation > N	one											
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) (C) Compensation None	•	Dal the agent to be any former of	£			4							. —	Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) C) Description of services None	3								-	-	•			I	
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		_	_							•	eaule J 10	r sucr			 -
for services rendered to the organization? If "Yes," complete Schedule J for such person	_											 			✓
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 1 Total number of independent contractors (including but not limited to those listed above) who	5									,					-,- -
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Total number of independent contractors (including but not limited to those listed above) who			! II 1 ES, C	отър	eie	SCI	eut	ne J i	UI S	uch person	<u></u>	• •	5		<u> </u>
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(A) Name and business address Description of services Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who			ort compe	nsauc	או וכ	טו וכ	ie C	alenu	ar y	rear ending wit	n or within	tne orç	ganizatio	n's ta	ıx
None Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who									ι—						
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									 	· 					
		Total number of independent contracto	re (includir	na bu	ıt ne	nt I	ımıt	ed to	th	ose listed abo	We) who				
	~								, 41		JVO, WITO				

Part	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					,
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, C	С	Fundraising events 1c					
Gift lar	d	Related organizations 1d					
ns, imi	е	Government grants (contributions) 1e					
ıtiol er S	f	All other contributions, gifts, grants,					
rib Oth		and similar amounts not included above 1f	57,355				
ont nd (g	Noncash contributions included in lines 1a-1f \$		57.055			
	h	Total. Add lines 1a–1f	ss Code	57,355			
Program Service Revenue	20	Fees for services reimbursed by					
3eve	2a b	government agencies per contract		303,614	303,614		
ce F	C			303,014	303,014		
ervi	d						· · · · · · · · · · · · · · · · · · ·
m S	e						· · ·
gra	f	All other program service revenue .		303,614	303,614	·	-
Pro	g	Total. Add lines 2a-2f	. ▶	303614			
	3	Investment income (including dividends, i	nterest,			-	
		and other similar amounts)		63		63	
	4	Income from investment of tax-exempt bond prod	eeds ►				
	5	Royalties					1
	_	· · · · · · · · · · · · · · · · · · ·	ersonal				
	6a	Gross rents					
	b	Less: rental expenses					
	d	Rental income or (loss) Net rental income or (loss)	. •				
	7a		Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
ø.		<u> </u>					
enne	8a	Gross income from fundraising					
		events (not including \$					
Other Re		of contributions reported on line 1c). See Part IV, line 18 a					
the	.	<u> </u>					
Ò	b	Less: direct expenses b Net income or (loss) from fundraising events					
		Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities .	. ▶				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory .					
		Miscellaneous Revenue Busine	ss Code				
	11a						
	b				<u> </u>	-	
	c d	All other revenue					
		Total. Add lines 11a–11d	. •				
	12	Total revenue. See instructions		361,032	303,614	63	

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										
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	44167	33125	6625	4417					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages	109160	84410	19212	5538					
	section 401(k) and 403(b) employer contributions)	4225	3253	718	254					
9	Other employee benefits	14269	10987	2426	856					
10	Payroll taxes	11478	8838	1951	689					
11	Fees for services (non-employees):									
а	Management	24009	12005	12004						
b	Legal									
C	Accounting									
d	Lobbying	~								
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	650		650						
g	Other	55200	55200							
12	Advertising and promotion	7000			7000					
13	Office expenses	6706		6706						
14	Information technology	4495		4495						
15	Royalties	44400								
16	Occupancy	11400	8100	2160	1140					
17 18	Travel	19580	18580	1000						
19	Conferences, conventions, and meetings	52018	52018							
20	Interest									
21	Payments to affiliates		· ·							
22	Depreciation, depletion, and amortization .									
23	Insurance	2119		2119						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)			<u></u>						
а	telephone expenses	4828	3717	821	290					
b	Publications and shipping	4008	3087	681	240					
С	Data Reports	912	912							
d	2588									
е	All other expenses	2588	490	2098						
25	Total functional expenses. Add lines 1 through 24e	378812	294722	63666	20424					
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)									

ļ٢	art X	Balance Sheet	<u> </u>		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	42019	1	25551
	2	Savings and temporary cash investments	12463	2	59526
	3	Pledges and grants receivable, net	108516	3	59781
	4	Accounts receivable, net	790	4	949
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	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	
	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	·
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	163788		145.807
	17	Accounts payable and accrued expenses	2465		-4251
	18	Grants payable		18	- 1201
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	 -
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
w	22	Payables to current and former officers, directors, trustees, key			
Liabilities	22	employees, highest compensated employees, and disqualified persons.			
Ē		Complete Part II of Schedule L		22	/
<u>ia</u>	23	Secured mortgages and notes payable to unrelated third parties .		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	T-4-1 (I-1) (Material Andre Manager 47 Absorber 46	2465		-4251
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			1201
n	27	Unrestricted net assets	161323	27	150058
<u>a</u>	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<u>=</u>	33	Total net assets or fund balances	161323	-	150058
~	34	Total liabilities and net assets/fund balances	163788	34	145807
					Farm 000 (0011)

Form 9	0 (2011)		P	age 12
Par				
	Check if Schedule O contains a response to any question in this Part XI	<u>· · · ·</u>	•	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		3	61032
2	Total expenses (must equal Part IX, column (A), line 25)		3	78812
3	Revenue less expenses. Subtract line 2 from line 1			17780
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		1	61323
5	Other changes in net assets or fund balances (explain in Schedule O)			6515
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		1	50058
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		<u>. </u>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			The state of the s
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		/
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			İ
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		√
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Forr	n 99 0	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 76-0820361 **UTAH AFTERSCHOOL NETWORK, INC.** 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). 4 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). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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. c Type III-Functionally integrated a 🔲 Type I **b** Type II **d** Type III-Other e D 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 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) Provide the following information about the supported organization(s) (iv) is the organization (iii) Type of organization (v) Did you notify (i) Name of supported (ii) EIN (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization governing document? col (i) of your above or IRC section (i) organized in the support? US? (see instructions)) Yes No Yes Yes Nο (A) (B) (C) (D) (E)

Total

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.)
Castian A	Dublic Compart

Secti	on A. Public Support						
Calen	dar 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.")	155587	308895	358228	456869	360969	1640548
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities	·					
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	155587	308895	358228	456869	360969	1640548
5	The portion of total contributions by						
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	155587	308895	358228	456869	360969	1640548
8	Gross income from interest, dividends,						1010010
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	5	1576	43	63	63	1750
9	Net income from unrelated business	- 1	1370		03	03	1/30
9	activities, whether or not the business						
	is regularly carried on						
40	= *						
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	1					1642298
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th						
	organization, check this box and stop her			· · · · ·	<u> </u>	<u> </u>	· · • 🗸
	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6					14	%_
15	Public support percentage from 2010 Sch					15	%
16a	331/3% support test—2011. If the organiz						
_	box and stop here. The organization qual	•	• • •	•			
ь	331/3% support test—2010. If the organ						
	check this box and stop here. The organi	zation qualifies	s as a publicly	supported org	anization .		. ▶ 🗆
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee						
	Part IV how the organization meets the "fa						
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test - 20	10. If the orga	nızation did no	ot check a box	on line 13, 16	a, 16b, or 17a.	and line
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization me						
	supported organization						
18	Private foundation. If the organization did						
-	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cooti	on A. Dublic Cumpart						
	on A. Public Support	(a) 0007	(h) 0000	(a) 2000	(4) 0040	(a) 0044	(6) T-+-1
	dar 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		
2	Gross receipts from admissions, merchandise				-		<u> </u>
_	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the				· · · · · · · · · · · · · · · · · · ·		
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support						·
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	-					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon		•		
Secti	on C. Computation of Public Suppor	t Percentag	е	•			
15	Public support percentage for 2011 (line 8		•				%
16_	Public support percentage from 2010 Sch			<i>.</i>		16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (%
18	Investment income percentage from 2010						%
19a	331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box						
b	331/3% support tests - 2010. If the organiz	ation did not o	heck a box on	line 14 or line 1	19a, and line 16	s is more than 3	31/3%, and
_	line 18 is not more than 331/3%, check this I	oox and stop h	ere. The organi	zation qualifies	as a publicly s	upported organ	ization 🕨 🔲
20	Private foundation. If the organization di	d not check a	box on line 14.	19a, or 19b, o	check this box	and see instru	ctions

Schedule A (Form 990 or 990-EZ) 2011 Page 4					
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).				
		. .			
					
					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

Utah Afterschool Network, Inc.

Employer identification number 76-0820361

The Utah Afterschool Network is a 501C-3, non-profit exempt status organization. UAN and our partners are a catalyst to high quality
afterschool programs statewide. Afterschool programs keep youth safe during the non-school hours, support working families and foster
strong links among schools, families and communities. The UAN mission serves to provide quality out of school time programs to all youth
in Utah.
DWS (State of Utah) Out of School Time Specialist Contract: \$118,000.00 Contract provides funding for two full time Out of School Time
Specialists. The Network employs, supervises and provides all workspace and needed equipment. The scope of work includes monitoring,
evaluation, technical assistance and consultation services statewide to educators and community school professionals who participate
and establish existing and start-up for afterschool programs. The specialists work with approximately 150 programs statewide.
DWS (State of Utah) Base Grant: \$46,000.00 The agency is contracted to encompass a wide spectrum of initiatives, community partners
and local and state agencies and educational stakeholders within communities that have interest and needs in social services, youth
development and educational supports systems. The agency provides the administration of out of school/ community school quality
initiatives through quality assessment, professional development opportunities and systemic partnerships that support efforts by
communities by working with leaders in geographically designated areas statewide. The agency sponsors, seminars, institutes, trainings
webinars to educate and provide professional development resources to leaders and professionals in the field in efforts to support
expansion of services in support of youth and families statewide.
Utah State Office of Education Community Impact Specialist \$94,360.00 The Utah Afterschool Network employs, supervises, and
provides all equipment and workspace to employ one full-time employee and toprovide written reports, evaluation, grant contact monitoring
services, provide evaluation, technical assistance, training, orientations, consultation services. The network also employs two professional
development coordinators to provide multiple pathways of professional development statewide in order to provide systemic educational
support to afterschool and community schools. The Community Impact Specialist also develops, maintains organizational communications
strategies, provides forums and participation in statewide public awareness efforts through the promotion of quality outcomes that support
youth success. Programs also utilize the network and the contract as a resource to foster learning experiences in out of school time
programs statewide.