

Form **990**

# 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

# 2009

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning and ending

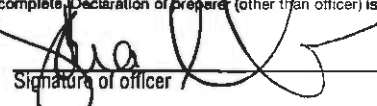
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization ALLIANCE FOR EDUCATION Doing Business As		<b>D</b> Employer identification number 91-1508191	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number 206-343-0449	
		509 OLIVE WAY		500	<b>G</b> Gross receipts \$ 9,770,777.
		City or town, state or country, and ZIP + 4 SEATTLE, WA 98101-1726		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see Instructions) <b>H(c)</b> Group exemption number ▶	
<b>F</b> Name and address of principal officer: SARA MORRIS SAME AS C ABOVE					
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: WWW.ALLIANCE4ED.ORG					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1996	<b>M</b> State of legal domicile: WA	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO HELP EVERY CHILD IN SEATTLE PUBLIC SCHOOLS ACHIEVE ACADEMIC SUCCESS.		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	27
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	27
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	153
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	7,574,427.	8,368,910.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	102,393.	105,619.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	417,769.	-166,417.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-130,377.	3,805.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,964,212.	8,311,917.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	5,358,731.	4,336,151.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,051,758.	972,828.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 474,434.	44,529.	60,539.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,126,473.	4,262,091.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,581,491.	9,631,609.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-617,279.	-1,319,692.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	13,472,432.	14,080,936.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,637,558.	4,063,133.
		9,834,874.	10,017,803.

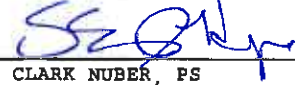
## Part II Signature Block

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶  Date 11/18/10

SARA MORRIS, PRESIDENT AND CEO  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  Date 11/4/10 Check if self-employed  Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLARK NUBER, PS  
10900 NE 4TH STREET, SUITE 1700  
BELLEVUE, WA 98004

EIN ▶ Phone no. ▶ 425-454-4919

May the IRS discuss this return with the preparer shown above? (see Instructions)  Yes  No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: OUR MISSION IS TO HELP EVERY CHILD IN SEATTLE PUBLIC SCHOOLS ACHIEVE ACADEMIC SUCCESS. WE PURSUE THIS MISSION BY SECURING SEED CAPITAL FOR INNOVATIONS IN LEARNING AND BY FOSTERING CITY-WIDE SUPPORT FOR EXCELLENCE IN SCHOOLS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 5,858,035. including grants of \$ 2,625,566. ) (Revenue \$ ) EDUCATIONAL INVESTMENTS AND COMMUNITY ENGAGEMENT- OUR EFFORTS ARE FOCUSED ON MAKING SUSTAINABLE SYSTEMIC INVESTMENTS TO IMPROVE OUTCOMES FOR ALL SEATTLE PUBLIC SCHOOL STUDENTS. WE WORK TO FOSTER BROAD COMMUNITY ENGAGEMENT AROUND PROGRAMS, ISSUES AND POLICIES THAT IMPACT ALL ASPECTS OF OUR PUBLIC SCHOOLS AND STUDENT ACHIEVEMENT.

PROGRAM GOALS AND ACCOMPLISHMENTS INCLUDE THE FOLLOWING: 1) COMMUNITY BUILDING: THE GOAL IS TO INCREASE COMMUNITY INVOLVEMENT IN THE SCHOOLS. ACCOMPLISHMENTS: -CONVENED THE COMMUNITY ENGAGEMENT TASK FORCE THAT ENGAGES DIVERSE GROUPS AND INDIVIDUALS IN DIALOG AND ACTION ABOUT IMPROVING SCHOOLS AND STUDENT PERFORMANCE.

4b (Code: ) (Expenses \$ 2,664,121. including grants of \$ 1,710,585. ) (Revenue \$ 110,619. ) AFFILIATED SCHOOL ACTIVITIES- THE ALLIANCE FOR EDUCATION PROVIDES FISCAL SERVICES FOR OVER 200 SCHOOL-BASED GROUPS, PTAS AND EDUCATIONAL ORGANIZATIONS IN OUR COMMUNITIES. THESE FUNDS SUPPORT SUPPLEMENTAL PROGRAMS IN ACADEMICS, THE ARTS, LANGUAGES, PUBLIC SERVICE, TECHNOLOGY SPORTS AND OTHER ENRICHMENT AREAS. DURING THE YEAR WE PROCESSED AND ACKNOWLEDGED MORE THAN 6,000 DONATIONS FROM THE COMMUNITY TOTALING OVER \$1.6 MILLION DOLLARS AND DISBURSED \$2.4 MILLION FOR NEIGHBORHOOD SCHOOLS AND PROGRAMS INCLUDING INSTRUCTIONAL SUPPORT, SCHOLARSHIPS, AWARDS, MATERIALS, TRAININGS AND OTHER ACTIVITIES.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 8,522,156.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>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 "Yes," complete Schedule D, Part VIII.</i></li> <li>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? <i>If "Yes," complete Schedule D, Part IX.</i></li> <li>Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>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? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>		
12	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>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O.

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1a</b>			69
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1b</b>			0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>			0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</b>	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 account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? N/A		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders N/A		
<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>12b</b>			

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed  WA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:   
 CHUCK SCHAFER - 206-343-0449  
 509 OLIVE WAY, NO. 500, SEATTLE, WA 98101-1726

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANE BLODGETT BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES BLUMENFELD BOARD MEMBER	1.00	X						0.	0.	0.
JONATHAN BRIDGE IMMEDIATE PAST-CHAIR	5.00	X		X				0.	0.	0.
KEN BUNTING BOARD MEMBER	1.00	X						0.	0.	0.
PHIL BUSSEY BOARD MEMBER	2.00	X						0.	0.	0.
FAY CHAPMAN BOARD MEMBER	1.50	X						0.	0.	0.
ERLE COHEN BOARD MEMBER	1.00	X						0.	0.	0.
MATTHEW DAILEY BOARD MEMBER	0.50	X						0.	0.	0.
MICHAEL DEBELL BOARD MEMBER	3.00	X						0.	0.	0.
PAM ESHELMAN BOARD MEMBER	2.00	X						0.	0.	0.
LYNNETTE FRANK BOARD MEMBER	2.00	X						0.	0.	0.
VICTOR FUNG BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT GERTH TREASURER	2.00	X		X				0.	0.	0.
PETER GLIDDEN BOARD MEMBER	1.00	X						0.	0.	0.
MARIA GOODLOWE-JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE GRIFFIN, III CHAIR	5.00	X		X				0.	0.	0.
KEN HAMM BOARD MEMBER	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRADLEY HOFF BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE LEADER BOARD MEMBER	0.50	X						0.	0.	0.
BRENT LOWER BOARD MEMBER	0.50	X						0.	0.	0.
PAM MACEWAN VICE-CHAIR, CHAIR-ELECT	2.00	X		X				0.	0.	0.
CHASE MORGAN BOARD MEMBER	2.00	X						0.	0.	0.
MATTHEW PADDOCK VICE-CHAIR, DEVELOPMENT	1.00	X		X				0.	0.	0.
SHANE PHILPOT BOARD MEMBER	1.00	X						0.	0.	0.
JENA THORNTON BOARD MEMBER	1.50	X						0.	0.	0.
LIZ VIVIAN VICE-CHAIR, SECRETARY	1.00	X						0.	0.	0.
BRUCE WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Total</b>								356,342.	0.	50,501.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
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	3	X
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	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
BOSTON CONSULTING GROUP, 355 SOUTH GRAND AVENUE, SUITE 3200, LOS ANGELES, CA 90071	DISTRICT-WIDE PERF MGMT SYSTEM DVLPMT	1,150,000.
BRAINBOX, 3955 W BLAKELY AVE NE, BAINBRIDGE ISLAND, WA 98110	DISTRICT-WIDE DATA MGMT SYSTEMS DVLPMT	788,108.
GMMB, 1200 WESTLAKE AVE N, SUITE 1005, SEATTLE, WA 98109	COMM SUPPORT FOR DISTRICT STRATEGIC PLAN	199,130.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	170,671.				
	b	Membership dues	1b					
	c	Fundraising events	1c	307,132.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	95,087.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,796,020.				
	g	Noncash contributions included in lines 1a-1f: \$		153,742.				
	h	<b>Total.</b> Add lines 1a-1f			8,368,910.			
Program Service Revenue	2 a	ADMINISTRATIVE FEES	Business Code	611710	105,619.	105,619.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f			105,619.			
Other Revenue	3	Investment Income (including dividends, interest, and other similar amounts)			216,928.		216,928.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			-383,345.		-383,345.
	8 a	Gross income from fundraising events (not including \$ 307,132. of contributions reported on line 1c). See Part IV, line 16	a		180,795.			
		b	Less: direct expenses	b	174,815.			
		c	Net income or (loss) from fundraising events			5,980.		5,980.
	9 a	Gross income from gaming activities. See Part IV, line 19	a		3,625.			
b		Less: direct expenses	b	5,900.				
c		Net income or (loss) from gaming activities			-2,275.		-2,275.	
10 a	Gross sales of Inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a	MISCELLANEOUS		900099	100.			100.	
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			100.				
12	<b>Total revenue.</b> See instructions.			8,311,917.	105,619.	0.	-162,612.	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,272,406.	4,272,406.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	63,745.	63,745.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	406,843.	142,955.	133,619.	130,269.
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 Other salaries and wages	422,006.	149,835.	139,677.	132,494.
8 Pension plan contributions (Include section 401(k) and section 403(b) employer contributions)	33,795.	10,984.	10,513.	12,298.
9 Other employee benefits	42,722.	13,887.	13,291.	15,544.
10 Payroll taxes	67,462.	22,854.	23,308.	21,300.
11 Fees for services (non-employees):				
a Management				
b Legal	37,860.	35,557.	1,335.	988.
c Accounting	25,227.	23,680.	889.	658.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	60,539.			60,539.
f Investment management fees	56,649.		56,649.	
g Other	2,663,365.	2,556,842.	96,022.	10,501.
12 Advertising and promotion				
13 Office expenses	396,981.	321,336.	50,104.	25,541.
14 Information technology				
15 Royalties				
16 Occupancy	92,242.	23,478.	42,294.	26,470.
17 Travel	42,048.	38,521.	2,786.	741.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	193,472.	177,243.	12,818.	3,411.
20 Interest	93.	31.	48.	14.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,592.	4,766.	8,432.	5,394.
23 Insurance	3,561.	1,195.	1,844.	522.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CHANGE IN DONOR INTENT	598,319.	598,319.		
b BUSINESS EXCISE TAXES	38,903.	13,055.	20,144.	5,704.
c BAD DEBT EXPENSE	37,976.	18,012.		19,964.
d IN KIND GOODS EXPENSE	28,687.	28,687.		
e MISCELLANEOUS	14,210.	4,768.	7,360.	2,082.
f All other expenses	13,886.		13,886.	
25 Total functional expenses. Add lines 1 through 24f	9,631,609.	8,522,156.	635,019.	474,434.
26 Joint costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash - non-interest-bearing .....	548,751.	1	89,794.	
	2	Savings and temporary cash investments .....	6,932,733.	2	7,256,105.	
	3	Pledges and grants receivable, net .....	209,636.	3	199,450.	
	4	Accounts receivable, net .....	26,091.	4	28,572.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....		8		
	9	Prepaid expenses and deferred charges .....	12,331.	9	9,873.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	113,506.		
	b	Less: accumulated depreciation .....	10b	88,318.	10c	25,188.
	11	Investments - publicly traded securities .....	5,604,497.	11	6,367,538.	
	12	Investments - other securities. See Part IV, line 11 .....	76,630.	12	86,434.	
	13	Investments - program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....		14		
	15	Other assets. See Part IV, line 11 .....	17,982.	15	17,982.	
16	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b> .....	13,472,432.	16	14,080,936.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	473,499.	17	263,747.	
	18	Grants payable .....	3,164,059.	18	3,799,386.	
	19	Deferred revenue .....		19		
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Payables to current and former officers, directors, trustees, key 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	Unsecured notes and loans payable to unrelated third parties .....		24		
	25	Other liabilities. Complete Part X of Schedule D .....		25		
	26	<b>Total liabilities. Add lines 17 through 25</b> .....	3,637,558.	26	4,063,133.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets .....	384,661.	27	393,788.	
	28	Temporarily restricted net assets .....	8,455,606.	28	9,466,688.	
	29	Permanently restricted net assets .....	994,607.	29	157,327.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	<b>Total net assets or fund balances</b> .....	9,834,874.	33	10,017,803.		
34	<b>Total liabilities and net assets/fund balances</b> .....	13,472,432.	34	14,080,936.		

**Part XI Financial Statements and Reporting**

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....</p>	X	X
<p><b>b</b> Were the organization's financial statements audited by an Independent accountant? .....</p>	X	
<p><b>c</b> 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? .....</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	X	
<p><b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		
<p><b>3a</b> 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? .....</p>		X
<p><b>b</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. ....</p>		

**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

**2009**

Open to Public  
Inspection

Name of the organization **ALLIANCE FOR EDUCATION** Employer identification number **91-1508191**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  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.)
- 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.)
- 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.  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <span style="float: right;">11g(i)</span>		
(ii) A family member of a person described in (i) above? <span style="float: right;">11g(ii)</span>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <span style="float: right;">11g(iii)</span>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,743,893.	6,480,698.	5,184,846.	7,574,427.	8,368,910.	35,352,774.
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	7,743,893.	6,480,698.	5,184,846.	7,574,427.	8,368,910.	35,352,774.
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)						9,645,734.
6 Public support. Subtract line 5 from line 4.						25,707,040.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	7,743,893.	6,480,698.	5,184,846.	7,574,427.	8,368,910.	35,352,774.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	342,553.	487,301.	431,845.	368,072.	216,928.	1,846,699.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					3,705.	3,705.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,247.	6,954.	5,381.	1,370.	100.	20,052.
11 Total support. Add lines 7 through 10						37,223,230.
12 Gross receipts from related activities, etc. (see Instructions)					12	663,096.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	69.06	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	76.30	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the 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 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 .....						
c 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

ALLIANCE FOR EDUCATION

Employer identification number

91-1508191

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

ALLIANCE FOR EDUCATION

91-1508191

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 3,449,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 806,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 582,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 380,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization **ALLIANCE FOR EDUCATION** Employer identification number **91-1508191**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		7
2 Aggregate contributions to (during year)		600,129.
3 Aggregate grants from (during year)		587,585.
4 Aggregate value at end of year		494,730.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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 apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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 to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if 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 included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,889,810.	8,209,064.			
b Contributions	20,129.	22,593.			
c Net investment earnings, gains, and losses	1,188,350.	-2,050,873.			
d Grants or scholarships	172,060.	93,930.			
e Other expenditures for facilities and programs	595,369.	131,331.			
f Administrative expenses	23,995.	65,713.			
g End of year balance	6,306,865.	5,889,810.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  97.51 %
- b Permanent endowment  2.49 %
- c Term endowment  %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		11,530.	5,530.	6,000.
d Equipment		91,026.	76,964.	14,062.
e Other		10,950.	5,824.	5,126.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				25,188.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,311,917.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,631,609.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,319,692.
4	Net unrealized gains (losses) on investments	4	1,502,621.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,502,621.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	182,929.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	9,760,244.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,502,621.
b	Donated services and use of facilities	2b	2,355.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-56,649.
e	Add lines 2a through 2d	2e	1,448,327.
3	Subtract line 2e from line 1	3	8,311,917.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,311,917.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	9,577,315.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,355.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,355.
3	Subtract line 2e from line 1	3	9,574,960.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	56,649.
c	Add lines 4a and 4b	4c	56,649.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,631,609.

**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.

PART V, LINE 4: THE ALLIANCE HAS SEVERAL ENDOWMENTS EACH WITH SPECIFIC

PURPOSES. THE JOHN STANFORD FUND IS INTENDED FOR GENERAL SUPPORT OF THE

MISSION OF THE ALLIANCE. THE REMAINING ENDOWMENT FUNDS ARE INTENDED TO

SUPPORT AWARDS TO PRINCIPALS, TEACHERS OR STUDENTS OR GENERAL SUPPORT FOR

SPECIFIC SCHOOLS OR SCHOOL PROGRAMS IN THE SEATTLE SCHOOL DISTRICT.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

STOCK TRANSFER FEES RECLASS: -585.

**Part XIV** Supplemental Information *(continued)*

INVESTMENT MANAGEMENT FEES: -56064.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

STOCK TRANSFER FEES RECLASS: 585.

INVESTMENT MANAGEMENT FEES: 56064.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		BREAKFAST (event type)	AUCTION/DINNER (event type)	(total number)	
Revenue	1	Gross receipts	217,447.	381,535.	598,982.
	2	Less: Charitable contributions	217,447.	200,740.	418,187.
	3	Gross income (line 1 minus line 2)		180,795.	180,795.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		1,548.	1,548.
	7	Food and beverages	23,609.	64,816.	88,425.
	8	Entertainment		550.	550.
	9	Other direct expenses	19,702.	64,590.	84,292.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 174,815 )
	11	Net income summary. Combine line 3, column (d), and line 10			5,980.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

**13** Indicate the percentage of gaming activity operated in:

a The organization's facility ..... **13a** %

b An outside facility ..... **13b** %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ .

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization: **ALLIANCE FOR EDUCATION** Employer identification number: **91-1508191**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed		(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		SEATTLE PUBLIC SCHOOLS 2445 3RD AVENUE SOUTH SEATTLE, WA 98134	91-6001541	GOVERNMENT	3,581,740.	0.			THESE FUNDS SUPPORTED DISTRICT-WIDE INITIATIVES AND INDIVIDUAL SCHOOL PROGRAMS
		MCGILVRA ELEMENTARY SCHOOL PTA 2003 65TH AVE W TACOMA, WA 98466-6215	94-3083680	501(C)(3)	287,340.	0.			AFFILIATED SCHOOL ACTIVITY - SUPPORT FOR MCGILVRA ELEMENTARY SCHOOL PTA
		BRYANT ELEMENTARY SCHOOL PTA 3311 NE 60TH SEATTLE, WA 98115	91-1191751	501(C)(3)	100,000.	0.			AFFILIATED SCHOOL ACTIVITY - SUPPORT FOR BRYANT ELEMENTARY SCHOOL PTA
		BALLARD HIGH SCHOOL FOUNDATION PO BOX 17626 SEATTLE, WA 98127	91-1811275	501(C)(3)	83,000.	0.			AFFILIATED SCHOOL ACTIVITY - SUPPORT FOR BALLARD HIGH SCHOOL
		GARFIELD JAZZ FOUNDATION 3533 NE 96TH STREET SEATTLE, WA 98115	431978389	501(C)(3)	52,714.	0.			AFFILIATED SCHOOL ACTIVITY - SUPPORT FOR GARFIELD HIGH SCHOOL JAZZ
		ASSOCIATED FRIENDS OF ROOSEVELT DRAMA - P.O. BOX 15886 - SEATTLE, WA 98115	27-0674574	501(C)(3)	51,600.	0.			AFFILIATED SCHOOL ACTIVITY - SUPPORT FOR ROOSEVELT HIGH SCHOOL DRAMA

- 2 Enter total number of section 501(c)(3) and government organizations: **11.**
- 3 Enter total number of other organizations: **2.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

**ALLIANCE FOR EDUCATION**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MAYOR'S SCHOLARSHIPS - TUITION SCHOLARSHIPS	20	0.	15,485.	COST	SCHOLARSHIPS
SWAIN EXCELLENCE IN TEACHING AWARD	7	3,000.	2,500.	COST	SCHOLARSHIPS
PROFESSIONAL CERTIFICATION FELLOWSHIPS	16	39,010.	0.		
MISCELLANEOUS SCHOLARSHIPS	7	3,750.	0.		

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: 83% OF ALL GRANT FUNDS WERE AWARDED TO THE SEATTLE PUBLIC SCHOOLS (SPS), WITH 73% AWARDED AS REIMBURSABLE GRANTS AND 27% AS DIRECT GRANTS. BUDGETS ARE DETERMINED FOR EACH REIMBURSABLE GRANT PROJECT AND SPS SUBMITS MONTHLY EXPENSE REIMBURSEMENT REQUESTS WHICH ARE VERIFIED AGAINST BUDGETED EXPENDITURES BEFORE FUNDS ARE DISTRIBUTED. DIRECT GRANTS FUNDS ARE DEPOSITED INTO SEPARATE COST CENTER ACCOUNTS AT SPS FOR THE SPECIFIC PURPOSE OF THE PROJECT. APPROXIMATELY 11% OF TOTAL GRANTS ARE MADE TO AFFILIATED SCHOOL GROUPS IN SUPPORT OF INDIVIDUAL SCHOOLS. AGREEMENTS ARE MAINTAINED ON FILE FOR EACH AFFILIATED SCHOOL GROUP. THE

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

Name of the organization		Employer identification number						
ALLIANCE FOR EDUCATION		91-1508191						
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ROOSEVELT HIGH SCHOOL DRAMA 2202 NE 115TH SEATTLE, WA 98125	27-0674574	OTHER	25,000.	0.			AFFILIATED SCHOOL ACTIVITY - SUPPORT FOR ROOSEVELT HIGH SCHOOL DRAMA	
MUSICALIFE C/O SEATTLE PUBLIC SCHOOLS 2445 3R SEATTLE, WA 98134	26-4733898	501(C)(3)	12,865.	0.			MUSICAL INSTRUMENTS FOR SPS STUDENTS AFFILIATED SCHOOL	
NATHAN HALE SPORTS BOOSTERS 3810 NE 113TH SEATTLE, WA 98125	300344799	501(C)(3)	12,611.	0.			ACTIVITY - SUPPORT FOR NATHAN HALE HIGH SCHOOL SPORTS PROGRAMS	
DANIEL BAGLEY ELEMENTARY PTA 7821 STONE AVE N SEATTLE, WA 98103	91-1283709	501(C)(3)	11,025.	0.			AFFILIATED SCHOOL ACTIVITY - SUPPORT FOR DANIEL BAGLEY ELEMENTARY PTA	
SCHOOL KIDS COME FIRST C/O OFFICE OF SCHOOL PARTNERSHIPS, MS 33-300 PO BOX 34165 - SEATTLE, WA 9812	APPLIED FOR	PENDING	7,773.	0.			SUPPORT FOR TEACHER PROPOSED PROJECTS WITHIN SEATTLE PUBLIC SCHOOLS	
COMMUNITIES IN SCHOOLS OF SEATTLE 6201 15TH AVE NW #522 SEATTLE, WA 98107	91-1910330	501(C)(3)	7,000.	0.			SUPPORT FOR GENERAL OPERATIONS IN SUPPORT OF STUDENT ACHIEVEMENT AT SEATTLE PUBLIC SCHOOLS	
INGRAM HIGH SCHOOL 1819 NE 135TH STREET SEATTLE, WA 98133	91-6001541	GOVERNMENT	6,935.	0.			AFFILIATED SCHOOL ACTIVITY - SUPPORT FOR INGRAM HIGH SCHOOL CLASS OF 2010	



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **ALLIANCE FOR EDUCATION** Employer identification number **91-1508191**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input checked="" type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	X
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	X
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? .....</p>	<b>5a</b>	X
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? .....</p>	<b>6a</b>	X
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>	

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PATRICK D'AMBILIO	(i)	150,000.	7,500.	3,781.	14,702.	7,987.	183,970.
	(ii)	0.	0.	0.	0.	0.	0.
CHARLES SCHAFER	(i)	105,169.	0.	0.	4,786.	7,502.	117,457.
	(ii)	0.	0.	0.	0.	0.	0.
KAREN TOLLENAR DEMOREST	(i)	89,892.	0.	0.	8,495.	7,029.	105,416.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

ALL EMPLOYEES OF ALLIANCE FOR EDUCATION ARE ACTUALLY

EMPLOYEES OF THE GREATER SEATTLE CHAMBER OF COMMERCE, AN UNRELATED

ORGANIZATION. SINCE THE ALLIANCE REIMBURSES THE CHAMBER FOR AN EMPLOYEE'S

TIME, COMPENSATION AND RELATED PAYROLL EXPENSES ARE REPORTED ON PART IX AND

PART VII OF THE FORM 990.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Name of the organization **ALLIANCE FOR EDUCATION** Employer identification number **91-1508191**

<b>Part I</b>	<b>Types of Property</b>	<b>(a) Check if applicable</b>	<b>(b) Number of contributions</b>	<b>(c) Revenues reported on Form 990, Part VIII, line 1g</b>	<b>(d) Method of determining revenues</b>
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	7	14,038.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( AUCTION ITEMS )	X	109	111,055.	COST OR SELLING PRIC
26	Other ▶ ( SUPPLIES )	X	36	23,789.	COST OR SELLING PRIC
27	Other ▶ ( COMPUTERS )	X	1	4,860.	COST OR SELLING PRIC
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

SCHEDULE M, LINE 32B: DONATED STOCK IS RECEIVED AND SOLD BY WELLS

FARGO ADVISORS (FORMERLY WACHOVIA).



Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

	Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.		
4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?		
b If "Yes," provide the date of the letter. Attach a copy of the letter and, if applicable, the organization's request for the letter.		
5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?		
b If "Yes," did the organization provide such notice?		
6 Did the organization discharge or pay all liabilities in accordance with state laws?		
7a Did the organization have any tax-exempt bonds outstanding during the year?		
b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?		
c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.		

**Part II** Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH FOR GRANTMAKING	12/31/09	4,336,151	ACTUAL COST			

2 Did or will any officer, director, trustee, or key employee of the organization:

	Yes	No
a Become a director or trustee of a successor or transferee organization?		X
b Become an employee of, or independent contractor for, a successor or transferee organization?		X
c Become a direct or indirect owner of a successor or transferee organization?		X
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		X
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.		X

**Part III** **Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

DURING THE TAXABLE YEAR ENDING DECEMBER 31, 2009, ALLIANCE FOR EDUCATION

HAD GRANT EXPENSES OF \$4,336,151. THIS AMOUNT WAS EXPENDED IN THE ORDINARY

COURSE OF THE OPERATION OF ITS EXEMPT FUNCTION ACTIVITIES BUT REPRESENTS

OVER 25% OF ALLIANCE FOR EDUCATION'S NET ASSETS OF \$9,834,874 AT THE

BEGINNING OF THE TAXABLE YEAR ENDED DECEMBER 31, 2009. ALLIANCE FOR

EDUCATION'S EXPENDITURE DOES NOT CONSTITUTE A "SUBSTANTIAL CONTRACTION"

UNDER THE DEFINITION IN REG. SEC. 1.6043-3 AS THE DISTRIBUTION WAS

SUBSTANTIALLY OUT OF CURRENT INCOME. THERE IS NO PLAN TO LIQUIDATE OR

CONTRACT THE ORGANIZATION.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

ALLIANCE FOR EDUCATION

Employer identification number

91-1508191

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

-DEVELOPED THE SEATTLE COLLEGE ACCESS NETWORK (SCAN) TO INCREASE THE  
NUMBER OF LOW INCOME, STUDENTS OF COLOR AND FIRST-IN-FAMILY WHO ENROLL  
AND SUCCEED IN COLLEGE.

-CO-LED THE CONTINUING DEVELOPMENT OF A COMMUNITY SCHOOLS STRATEGY, AN  
INNOVATIVE MODEL OF WRAP-AROUND SERVICES AND COMMUNITY INVOLVEMENT TO  
SUPPORT STUDENT ACHIEVEMENT.

2) DATA INFRASTRUCTURE: THE GOAL IS TO PROVIDE MODERN, INTEGRATED  
SYSTEMS SO TEACHERS, PRINCIPALS AND ADMINISTRATORS CAN MONITOR  
LEARNING, TRACK PERFORMANCE AND DIRECT RESOURCES WHERE AND WHEN NEEDED.

ACCOMPLISHMENTS:

-REPLACED OUTDATED AND INCOMPATIBLE SYSTEMS WITH AN INTEGRATED ACADEMIC  
DATA WAREHOUSE THAT PROVIDES SECURE AND CONVENIENT ACCESS TO STUDENT  
ASSESSMENT INFORMATION.

-IMPLEMENTED MEASURES OF ACADEMIC PROGRESS (MAP) WHICH INSTANTLY  
MODIFIES TEST QUESTIONS TO PINPOINT STUDENTS' ACHIEVEMENT; THE RESULTS  
HELP TEACHERS BUILD LESSONS BASED ON WHAT'S LEARNED.

-DEVELOPED AND POSTED A DISTRICT SCORECARD TO SUPPORT PERFORMANCE  
MANAGEMENT, A DATA-DRIVEN FRAMEWORK AND ACCOUNTABILITY TOOL THAT  
REINFORCES EDUCATORS' FOCUS ON STUDENT ACHIEVEMENT.

3) CURRICULUM DEVELOPMENT: TO CREATE A COLLEGE-READY CULTURE, THE  
DISTRICT IS ALIGNING CURRICULA WITH STATE STANDARDS AND COLLEGE SUCCESS  
REQUIREMENTS. ACCOMPLISHMENTS:

-EXPANDED ADVANCED PLACEMENT COURSES AND ENROLLMENT.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

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Name of the organization

ALLIANCE FOR EDUCATION

Employer identification number

91-1508191

-MORE THAN DOUBLED THE PERCENTAGE OF HIGH SCHOOL JUNIORS TAKING THE  
PSAT TO OVER 90%.

-ALIGNED HIGH SCHOOL MATH, SCIENCE AND LANGUAGE ARTS CURRICULA WITH  
COLLEGE-READY STANDARDS; CONTINUING ALIGNMENT WORK IN OTHER SUBJECT  
AREAS AND GRADES IN 2010.

4) LEADERSHIP DEVELOPMENT: THE GOAL IS TO EQUIP SCHOOL BOARD MEMBERS

AND SCHOOL LEADERS WITH THE SKILLS THEY NEED TO IMPROVE STUDENT

ACHIEVEMENT ACROSS THE DISTRICT. ACCOMPLISHMENTS:

-ORGANIZED QUARTERLY RETREATS FACILITATED BY LOCAL AND NATIONAL EXPERTS

INCLUDING THE CENTER FOR REFORM OF SCHOOL SYSTEMS IN ORDER TO ENHANCE

GOVERNANCE, PLANNING AND COMMUNICATION SKILLS.

-REMOVED OUTDATED AND REDUNDANT POLICIES; IDENTIFIED GAPS IN POLICY FOR

FUTURE CONSIDERATION; REINFORCED THE BOARD'S ROLE IN POLICY DEVELOPMENT

THROUGH RESEARCH AND REVIEW OF BEST PRACTICES.

-INITIATED ONGOING LEADERSHIP DEVELOPMENT PROGRAMS TO PREPARE

PRINCIPALS AND OTHERS TO LEAD EFFECTIVELY IN A COLLEGE-READY,

PERFORMANCE-BASED CULTURE FOCUSED ON STUDENT SUCCESS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS FIRST REVIEWED BY

THE CHIEF FINANCIAL OFFICER AND CEO/PRESIDENT. THEN IT IS PRESENTED FOR

REVIEW BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD. UPON APPROVAL BY

THE COMMITTEE, THE FORM IS FINALIZED, A COPY IS PROVIDED TO EACH MEMBER OF

THE BOARD AND THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS REVIEW AND AFFIRM

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

932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

ALLIANCE FOR EDUCATION

Employer identification number

91-1508191

THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS, EACH MEMBER IS REQUIRED

TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST AND TO PRESENT ALL

MATERIAL FACTS TO THE BOARD OR EXECUTIVE COMMITTEE, AFTER SUCH A

DISCLOSURE, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR EXECUTIVE

COMMITTEE MEETING, THE REMAINING MEMBERS SHALL DISCUSS AND VOTE WHETHER A

CONFLICT OF INTEREST EXISTS. IF A CONFLICT IS DETERMINED TO EXIST, THE

INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR EXECUTIVE

COMMITTEE MEETING, BUT SHALL LEAVE THE MEETING DURING THE DISCUSSION OF,

AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE CONFLICT OF

INTEREST. THE CHAIRPERSON OF THE BOARD OR EXECUTIVE COMMITTEE SHALL, IF

APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE

ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT AND AFTER

EXERCISING DUE DILIGENCE, A DETERMINATION SHALL BE MADE BY A MAJORITY VOTE

OF THE DISINTERESTED DIRECTORS ON WHETHER THE TRANSACTION OR ARRANGEMENT IS

IN THE BEST INTERESTS OF THE ALLIANCE. MEETING MINUTES WILL RECORD THE

NAMES OF PERSONS WHO MADE DISCLOSURES OR WHO WERE FOUND TO HAVE ACTUAL OR

POSSIBLE CONFLICTS OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY

ACTION TAKEN TO DETERMINE THE PRESENCE OF A CONFLICT OF INTEREST AND THE

BOARD OR EXECUTIVE COMMITTEE'S DECISIONS.

FORM 990, PART VI, SECTION B, LINE 15: CEO & PRESIDENT: THE GOVERNANCE

COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ESTABLISHING GOALS

AND OBJECTIVES RELEVANT TO THE PRESIDENT'S COMPENSATION AND PERFORMANCE

EACH YEAR AND FOR EVALUATING THE PRESIDENT'S PERFORMANCE ANNUALLY IN LIGHT

OF THESE GOALS AND OBJECTIVES. THE GOVERNANCE COMMITTEE UTILIZES THE

EXPERTISE OF THE DIRECTOR OF PEOPLE PROGRAMS AT THE GREATER SEATTLE CHAMBER

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

932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

ALLIANCE FOR EDUCATION

Employer identification number

91-1508191

OF COMMERCE AS WELL AS THE UNITED WAY SURVEY OF LOCAL NON-PROFIT SALARIES

WHEN DETERMINING COMPENSATION.

CFO & VP-OPERATIONS: THE CEO IS RESPONSIBLE FOR ESTABLISHING GOALS AND

OBJECTIVES RELEVANT TO COMPENSATION AND PERFORMANCE FOR THESE POSITIONS.

PERFORMANCE AND COMPENSATION ARE REVIEWED ANNUALLY. THE CEO UTILIZES THE

EXPERTISE OF DIRECTOR OF PEOPLE PROGRAMS AT THE GREATER SEATTLE CHAMBER OF

COMMERCE AS WELL AS THE UNITED WAY SURVEY OF LOCAL NON-PROFIT SALARIES WHEN

DETERMINING COMPENSATION FOR THESE POSITIONS.

COMPENSATION REVIEWS ARE DONE ON AN ANNUAL BASIS WITH THE LAST REVIEW IN

2009.

FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS,

ANNUAL REPORTS AND FORM 990S FOR THE PAST THREE YEARS ARE MADE AVAILABLE ON

THE ORGANIZATION'S WEBSITE. THEY ARE ALSO AVAILABLE IN HARDCOPY FORM BY

REQUEST. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE

AVAILABLE UPON REQUEST TO THE EXECUTIVE ASSISTANT.

PART I, LINE 6:

46 OF THE VOLUNTEERS SERVE ON COMMUNITY ENGAGEMENTS & EDUCATIONAL TASK

FORCES, 27 SERVE ON THE BOARD OF DIRECTORS, 75 ASSIST WITH SPECIAL

EVENTS AND 5 PROVIDE COMMUNICATIONS SERVICES.

FORM 990, PART V, LINE 2A:

ALL EMPLOYEES OF ALLIANCE FOR EDUCATION ARE ACTUALLY EMPLOYEES OF THE

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

932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ALLIANCE FOR EDUCATION

Employer identification number

91-1508191

GREATER SEATTLE CHAMBER OF COMMERCE, SINCE THE ALLIANCE REIMBURSES THE

CHAMBER FOR AN EMPLOYEE'S TIME, COMPENSATION AND RELATED PAYROLL

EXPENSES ARE REPORTED ON PART IX.