

**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** 07/01, 2012, and ending 06/30, 2013

<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	<b>C Name of organization</b> THE AFTER-SCHOOL CORPORATION			<b>D Employer identification number</b> 13-4004600
	Doing Business As			<b>E Telephone number</b> (646) 943-8706
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G Gross receipts \$</b> 13,190,759.
	1440 BROADWAY, 16TH FLOOR			
City or town, state or country, and ZIP + 4 NEW YORK, NY 10018			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer:</b> LUCY N. FRIEDMAN 1440 BROADWAY, 16TH FLOOR NEW YORK, NY 10018			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b>	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( ) ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<b>H(c)</b> Group exemption number ▶
<b>J Website:</b> WWW.EXPANDEDSCHOOLS.ORG				
<b>K Form of organization:</b>	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<b>L Year of formation:</b> 1998
			<input type="checkbox"/> Other ▶	<b>M State of legal domicile:</b> NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE ORGANIZATION IS TO GIVE STUDENTS ACCESS TO EXPANDED LEARNING OPPORTUNITIES THAT EDUCATE, SUPPORT AND INSPIRE THEM, THROUGH DEMONSTRATION, CAPACITY BUILDING AND POLICY CHANGE.
	<b>2</b> Check this box <input 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> 16.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 15.
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) <b>5</b> 687.
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> 0
	<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

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	15,953,133.	12,145,283.
	<b>9</b> Program service revenue (Part VIII, line 2g)	519,709.	612,813.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,885.	6,209.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,663.	26,276.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,462,064.	12,790,581.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,668,462.	7,276,457.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,389,825.	4,615,453.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 791,294.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,496,720.	3,318,133.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,555,007.	15,210,043.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	907,057.	-2,419,462.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 17,204,588.	End of Year 14,675,072.
	<b>21</b> Total liabilities (Part X, line 26)	4,142,700.	4,032,646.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	13,061,888.	10,642,426.

**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.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JULIE FLOCH	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00736879
	Firm's name ▶ EISNERAMPER LLP	EIN ▶ 13-1639826		Phone no. ▶ 212-949-8700	
	Firm's address ▶ 750 THIRD AVENUE NEW YORK, NY 10017-2703				

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

THE PURPOSE OF THE ORGANIZATION IS TO GIVE ACCESS TO EXPANDED LEARNING OPPORTUNITIES THAT EDUCATE, SUPPORT AND INSPIRE THEM, THROUGH DEMONSTRATING MODELS, CAPACITY BUILDING AND POLICY CHANGE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,691,431. including grants of \$ 3,396,909. ) (Revenue \$ 602,252. )

TASC-MODEL AFTER-SCHOOL PROGRAMS: TASC SUPPORTED 76 COMPREHENSIVE AFTER-SCHOOL PROGRAMS THAT SERVED MORE THAN 11,000 STUDENTS ACROSS NEW YORK CITY. TASC PROVIDED TECHNICAL ASSISTANCE AND EVALUATION SERVICES TO THE PROGRAMS AND PROFESSIONAL DEVELOPMENT TO APPROXIMATELY 2,800 AFTER-SCHOOL EDUCATORS IN CORE COMPETENCIES, SUCH AS CHILD AND YOUTH DEVELOPMENT, AS WELL AS ENRICHING, HANDS-ON INSTRUCTION IN LITERACY, SCIENCE AND SERVICE LEARNING. TASC EDUCATES LAWMAKERS AND ADVOCATES FOR POLICY CHANGE TO ADVANCE THE AVAILABILITY AND QUALITY OF PROGRAMS THAT GIVE STUDENTS EXPANDED LEARNING OPPORTUNITIES THAT EDUCATE, SUPPORT AND INSPIRE THEM.

4b (Code: ) (Expenses \$ 6,097,645. including grants of \$ 3,590,300. ) (Revenue \$ )

EXPANDED LEARNING TIME: TASC SUPPORTS A NETWORK OF SCHOOLS THAT OFFER EXPANDED LEARNING TIME AND OPPORTUNITY TO MORE THAN 6,000 STUDENTS. THE INITIATIVE PROVIDES STUDENTS WITH MORE TIME TO BUILD CORE ACADEMIC SKILLS AND THE OPPORTUNITY FOR HANDS-ON EXPERIENCES THAT MAKE LEARNING EXCITING AND RELEVANT. TASC SHARES LESSONS LEARNED FROM ITS EXPANDED LEARNING TIME INITIATIVE WITH POLICYMAKERS AND EDUCATORS TO ADVANCE THE UNDERSTANDING OF THE BENEFITS OF EXPANDING LEARNING IN COLLABORATION WITH COMMUNITY PARTNERS.

4c (Code: ) (Expenses \$ 739,565. including grants of \$ 254,513. ) (Revenue \$ 10,562. )

COLLABORATIVE FOR BUILDING AFTER-SCHOOL SYSTEMS (CBASS) INITIATIVE: CBASS PROMOTES THE WORK OF BUILDING EXPANDED-LEARNING SYSTEMS BY CONVENING KEY STAKEHOLDERS, DISSEMINATING INFORMATION ABOUT BEST PRACTICES, DEVELOPING SHARED METRICS FOR QUALITY AND ACCOUNTABILITY, AND INFLUENCING POLICY. CBASS PARTNERS INCLUDE ELEVEN INTERMEDIARIES THAT REPRESENT LONGSTANDING PARTNERSHIPS WITH MORE THAN 1,400 SCHOOLS, DISTRICTS, AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE QUALITY AFTER-SCHOOL AND SUMMER PROGRAMMING; THE PARTNERS SUPPORT INITIATIVES THAT REACH 240,000 STUDENTS EACH YEAR.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 376,801. including grants of \$ 34,735. ) (Revenue \$ )

4e Total program service expenses 12,905,442.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> 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
<b>23</b> 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	
<b>24 a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <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>b</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
<b>26</b> 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</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
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .		X
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>36</b> <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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Form 990 questions and answers including: 1a Enter the number reported in Box 3 of Form 1096... 2a Enter the number of employees reported on Form W-3... 7 Organizations that may receive deductible contributions under section 170(c)... 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations...

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.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHIRAG SHAH 1440 BROADWAY, 16TH FLOOR NEW YORK, NY 10018 646-943-8706

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) SOLEDAD O'BRIEN CHAIR	3.00 0	X		X				0	0	0
(2) STANLEY S. LITOW VICE CHAIR	2.00 0	X		X				0	0	0
(3) DIANA TAYLOR VICE CHAIR	1.00 0	X		X				0	0	0
(4) PEDRO A. NOGUERA SECRETARY	2.00 0	X		X				0	0	0
(5) MIMI CORCORAN TREASURER (THROUGH 12/5/12)	2.50 0	X		X				0	0	0
(6) LUCY N. FRIEDMAN PRESIDENT	40.00 0	X		X			211,725.	0	28,318.	0
(7) SAYU BHOJWANI DIRECTOR	1.00 0	X						0	0	0
(8) LEON BOTSTEIN DIRECTOR	.50 0	X						0	0	0
(9) J'E CARR DIRECTOR	2.00 0	X						0	0	0
(10) ESTHER DYSON DIRECTOR	1.00 0	X						0	0	0
(11) JAY KRIEGEL DIRECTOR	2.00 0	X						0	0	0
(12) PAULO PENA TREASURER (SINCE 12/5/12)	2.50 0	X						0	0	0
(13) FREDERICA P. PERERA DIRECTOR	1.00 0	X						0	0	0
(14) JENNIFER J. RAAB DIRECTOR	1.00 0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 15) HERBERT STURZ ----- DIRECTOR	2.50 ----- 0	X					0	0	0	
( 16) ROGER BLISSETT ----- DIRECTOR	2.00 ----- 0	X					0	0	0	
( 17) CHARISSA FERNANDEZ (THROUGH 6/ ----- CHIEF OPERATING OFFICER	40.00 ----- 0			X			158,745.	0	37,539.	
( 18) DEBORAH MCGINN (THROUGH 8/24/1 ----- CHIEF FINANCE AND ADMIN OFFICE	40.00 ----- 0			X			93,421.	0	23,989.	
( 19) CHIRAG SHAH (SINCE 1/1/13) ----- CHIEF FINANCIAL OFFICER	40.00 ----- 0			X			103,695.	0	30,956.	
( 20) CHRISTOPHER CARUSO ----- SENIOR VP, EXPANDED SCHOOLS	40.00 ----- 0					X	143,822.	0	27,710.	
( 21) CHRISTOPHER WHIPPLE ----- VP, PROGRAMS	40.00 ----- 0					X	141,547.	0	23,452.	
( 22) SASKIA TRAILL ----- VP, POLICY AND RESEARCH	40.00 ----- 0					X	102,061.	0	38,316.	
( 23) JAMA TOUNG ----- CHIEF DEVELOPMENT OFFICER	40.00 ----- 0					X	94,537.	0	26,516.	
( 24) MONICA INGKAJET ----- DIRECTOR OF OPERATIONS	40.00 ----- 0					X	81,791.	0	31,150.	
<b>1b Sub-total</b> . . . . .							211,725.	0	28,318.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							919,619.	0	239,628.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,131,344.	0	267,946.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 12

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**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 ► 2



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	7,344,515.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	4,800,768.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,307.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			12,145,283.				
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b> CONTRACTED SERVICES		900099	612,813.	612,813.			
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .			612,813.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			6,209.			6,209.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .	(i) Real	400,178.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .		400,178.				
		<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .				0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . .				0			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .				0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
<b>b</b> Less: direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .				0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> OTHER INCOME		900099	26,276.			26,276.		
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			26,276.					
<b>12 Total revenue.</b> See instructions . . . . .			12,790,581.	612,813.		32,485.		

**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).

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	7,276,457.	7,276,457.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	522,718.	78,866.	362,998.	80,854.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	3,128,460.	2,390,573.	398,858.	339,029.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	134,688.	91,095.	28,104.	15,489.
<b>9</b> Other employee benefits . . . . .	580,101.	383,261.	131,674.	65,166.
<b>10</b> Payroll taxes . . . . .	249,486.	168,737.	52,058.	28,691.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	55,000.		55,000.	
<b>d</b> Lobbying . . . . .	72,000.	72,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	841,013.	754,145.	46,111.	40,757.
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	213,675.	131,711.	60,522.	21,442.
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	1,148,577.	776,623.	239,795.	132,159.
<b>17</b> Travel . . . . .	105,836.	102,026.	3,650.	160.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	298,177.	201,616.	62,252.	34,309.
<b>23</b> Insurance . . . . .	141,078.	95,391.	29,454.	16,233.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER PROGRAM EXPENSES -----	301,400.	301,400.		
<b>b</b> BAD DEBT EXPENSE -----	6,031.		6,031.	
<b>c</b> MISCELLANEOUS -----	19,761.	4,317.	11,916.	3,528.
<b>d</b> EQUIPMENT RENTAL -----	80,926.	54,718.	16,896.	9,312.
<b>e</b> All other expenses -----	34,659.	22,506.	7,988.	4,165.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	15,210,043.	12,905,442.	1,513,307.	791,294.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing		79,022.	1	58,629.	
	2	Savings and temporary cash investments		8,033,747.	2	5,718,628.	
	3	Pledges and grants receivable, net		7,051,663.	3	7,144,475.	
	4	Accounts receivable, net		0	4	0	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges		164,813.	9	119,415.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,788,019.			
	b	Less: accumulated depreciation	10b	2,154,094.	1,873,841.	10c	1,633,925.
	11	Investments - publicly traded securities		0	11	0	
	12	Investments - other securities. See Part IV, line 11		0	12	0	
	13	Investments - program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		1,502.	15	0	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		17,204,588.	16	14,675,072.		
Liabilities	17	Accounts payable and accrued expenses		381,120.	17	528,567.	
	18	Grants payable		2,162,880.	18	2,150,651.	
	19	Deferred revenue		41,249.	19	541.	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,557,451.	25	1,352,887.	
	26	<b>Total liabilities.</b> Add lines 17 through 25		4,142,700.	26	4,032,646.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets		3,491,960.	27	2,725,092.	
	28	Temporarily restricted net assets		9,569,928.	28	7,917,334.	
	29	Permanently restricted net assets		0	29	0	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	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>		13,061,888.	33	10,642,426.		
34	<b>Total liabilities and net assets/fund balances</b>		17,204,588.	34	14,675,072.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,790,581.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,210,043.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,419,462.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,061,888.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	10,642,426.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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? .....  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**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

**2012**

**Open to Public Inspection**

<b>Name of the organization</b> THE AFTER-SCHOOL CORPORATION	<b>Employer identification number</b> 13-4004600
---	---

**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-Non-functionally integrated

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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 83.09%; 15 Public support percentage from 2011 Schedule A, Part II, line 14 84.30%; 16a 33 1/3% support test - 2012. 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 [X]; 16b 33 1/3% support test - 2011. 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 [ ]; 17a 10%-facts-and-circumstances test - 2012. 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 [ ]; 17b 10%-facts-and-circumstances test - 2011. 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 [ ]; 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 [ ].

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, 2012, 2011. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2012, 2011. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. 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.

19b 33 1/3% support tests - 2011. 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.

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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

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

**2012**

<b>Name of the organization</b> THE AFTER-SCHOOL CORPORATION	<b>Employer identification number</b> 13-4004600
---	---

**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, total 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 total 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 Part I, 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).

Name of organization THE AFTER-SCHOOL CORPORATION

Employer identification number  
13-4004600

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 3,492,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 1,554,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 257,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 1,290,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE AFTER-SCHOOL CORPORATION

Employer identification number  
13-4004600

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 364,066.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 355,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 781,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 1,195,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE AFTER-SCHOOL CORPORATION

Employer identification number

13-4004600

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization <b>THE AFTER-SCHOOL CORPORATION</b>	Employer identification number <b>13-4004600</b>
--	---

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE AFTER-SCHOOL CORPORATION</b>	Employer identification number <b>13-4004600</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No  
b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2012

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	81,612.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	81,612.													
<b>d</b>	Other exempt purpose expenditures . . . . .	15,128,431.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	15,210,043.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	910,502.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	227,626.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</b> Lobbying nontaxable amount	1,000,000.	989,295.	927,750.	910,502.	3,827,547.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					5,741,321.
<b>c</b> Total lobbying expenditures	111,205.	80,621.	80,036.	81,612.	353,474.
<b>d</b> Grassroots nontaxable amount	250,000.	247,324.	231,938.	227,626.	956,888.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,435,332.
<b>f</b> Grassroots lobbying expenditures	12,500.				12,500.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities (1a-1j, 2a-2d) and their tax implications.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues (1), lobbying expenditures (2), and carryover (3).

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include dues (1), nondeductible lobbying expenditures (2a-2c), carryover (3), and taxable amount (5).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.



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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization THE AFTER-SCHOOL CORPORATION

Employer identification number 13-4004600

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 9 In Part XIII, 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.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012

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 XIII.
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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

**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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<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) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	1,352,887.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	13,283,134.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	92,375.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	92,375.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	13,190,759.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-400,178.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-400,178.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	12,790,581.

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	15,702,596.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	92,375.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	400,178.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	492,553.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	15,210,043.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	15,210,043.

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

## TAX DISCLOSURE

## PART X, LINE 2

THE ORGANIZATION FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10-05 RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE ORGANIZATION'S GENERAL TAX-EXEMPT STATUS, ASC 740-10-05 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

## PART XI, LINE 4B

RENTAL EXPENSES INCLUDED IN THE FINANCIAL STATEMENTS AS EXPENSE AND ON TAX RETURN AS A REDUCTION OF REVENUE. RENTAL EXPENSES INCLUDE \$67,965 OF ALLOCATED DEPRECIATION EXPENSE. TOTAL RENTAL EXPENSES: \$400,178

## PART XII, LINE 2D

RENTAL EXPENSES INCLUDED IN THE FINANCIAL STATEMENTS AS EXPENSE AND ON TAX RETURN AS A REDUCTION OF REVENUE. RENTAL EXPENSES INCLUDE \$67,965 OF ALLOCATED DEPRECIATION EXPENSE. TOTAL RENTAL EXPENSES: \$400,178

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE AFTER-SCHOOL CORPORATION

Employer identification number

13-4004600

**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. Part II can be duplicated if additional space is needed.

1	(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
(1)	82ND STREET ACADEMICS 81-10 35TH AVENUE JACKSON HEIGHTS, NY 11372	20-0788352	501(C)(3)	80,000.				AFTER-SCHOOL PROGRAM
(2)	ABUNDANT WATERS INC. 400 WEST 43RD STREET #36G	13-3706659	501(C)(3)	50,000.				AFTER-SCHOOL PROGRAM
(3)	ABYSSINIAN DEVELOPMENT CORP. 4 WEST 125TH STREET 3RD FLOOR	13-3552154	501(C)(3)	279,898.				EXPANDED LEARNING TI
(4)	AFTER SCHOOL MATTERS INC. 66 EAST RANDOLPH STREET 4TH FLOOR	36-4409182	501(C)(3)	80,750.				AFTER-SCHOOL PROGRAM
(5)	ASPHALT GREEN 555 EAST 90TH STREET NEW YORK, NY 10128	13-6533158	501(C)(3)	19,500.				HIGH SCHOOL PROGRAMS
(6)	BERGEN BASIN COMMUNITY DEVELOPMENT CORP. 2331 BERGEN AVENUE BROOKLYN, NY 11234	11-3199040	501(C)(3)	99,983.				AFTER-SCHOOL PROGRAM
(7)	BLUE ENGINE INC. 150 COURT STREET 2ND FLOOR	27-1182991	501(C)(3)	194,561.				AFTER-SCHOOL PROGRAM
(8)	BOSTON AFTER SCHOOL & BEYOND INC. 89 SOUTH STREET SUITE 601 BOSTON, MA 02111	20-1308560	501(C)(3)	130,186.				AFTER-SCHOOL PROGRAM
(9)	BROOKLYN BUREAU OF COMMUNITY SERVICE - D/B/ 285 SCHERMERHORN STREET BROOKLYN, NY 11217	11-1630780	501(C)(3)	80,000.				AFTER-SCHOOL PROGRAM
(10)	COMMITTEE FOR HISPANIC CHILDREN & FAMILIES 110 WILLIAM STREET SUITE 1802	11-2622003	501(C)(3)	259,880.				EXPANDED LEARNING TI
(11)	CYPRESS HILLS LOCAL DEVELOPMENT CORP. 625 JAMAICA AVENUE BROOKLYN	11-2683663	501(C)(3)	207,475.				EXPANDED LEARNING TI
(12)	DIRECTIONS FOR OUR YOUTH INC. 1200 WATERS PLACE SUITE 105 BRONX, NY 10461	06-1308851	501(C)(3)	248,728.				AFTER-SCHOOL PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE AFTER-SCHOOL CORPORATION

Employer identification number

13-4004600

**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. Part II can be duplicated if additional space is needed.

1	(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
(1)	EAST SIDE HOUSE INC. 337 ALEXANDER AVENUE BRONX, NY 10454	13-1623989	501(C)(3)	19,500.				HIGH SCHOOL PROGRAMS
(2)	EL PUENTE DE WILLIAMSBURG INC. 211 SOUTH 4TH STREET BROOKLYN, NY 11211	11-2614265	501(C)(3)	7,536.				AFTER-SCHOOL PROGRAM
(3)	EPISCOPAL SOCIAL SERVICES 305 SEVENTH AVENUE 4TH FLOOR	13-3709095	501(C)(3)	39,997.				AFTER-SCHOOL PROGRAM
(4)	EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE O 500 GRAND CONCOURSE ROOM B-208	13-2785353	501(C)(3)	15,000.				AFTER-SCHOOL PROGRAM
(5)	FAMILY LEAGUE OF BALTIMORE CITY INC. 2035 NORTH CHARLES STREET SUITE 200	52-1734848	501(C)(3)	464,895.				EXPANDED LEARNING TI
(6)	FORDHAM UNIVERSITY - COMMUNITY SERVICE PROG 441 EAST FORDHAM ROAD ADMINISTRATIVE BLDG.	13-1740451	501(C)(3)	15,000.				AFTER-SCHOOL PROGRAM
(7)	GOOD SHEPHERD SERVICES 305 SEVENTH AVENUE 9TH FLOOR	13-5598710	501(C)(3)	536,733.				AFTER-SCHOOL PROGRAM
(8)	GREATER NEW ORLEANS AFTERSCHOOL PARTNERSHIP 1618 ST. CHARLES AVENUE	26-1272143	501(C)(3)	906,498.				EXPANDED LEARNING TI
(9)	GREATER RIDGEWOOD YOUTH COUNCIL INC. 59-03 SUMMERFILED STREET	11-2518141	501(C)(3)	20,508.				AFTER-SCHOOL PROGRAM
(10)	HARLEM DOWLING-WEST SIDE CENTER FOR CHIDLRE 2090 ADAM CLAYTON POWELL JR. BOULEVARD	13-3030378	501(C)(3)	90,000.				AFTER-SCHOOL PROGRAM
(11)	HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002	13-1562242	501(C)(3)	24,000.				HIGH SCHOOL PROGRAMS
(12)	JEWISH COMMUNITY COUNCIL OF GREATER CONEY I 3001 WEST 37TH STREET BROOKLYN, NY 11224	11-2665181	501(C)(3)	99,993.				AFTER-SCHOOL PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)



**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE AFTER-SCHOOL CORPORATION

Employer identification number

13-4004600

**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. Part II can be duplicated if additional space is needed.

1	(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
(1)	LEARNING THROUGH AN EXPANDED ARTS PROGRAM 441 WEST END AVENUE #2G NEW YORK, NY 10024	13-2925233	501(C)(3)	90,000.				AFTER-SCHOOL PROGRAM
(2)	MASPETH TOWN HALL, INC. 53-37 72ND STREET MASPETH, NY 11378	23-7259702	501(C)(3)	121,001.				AFTER-SCHOOL PROGRAM
(3)	MERCY COLLEGE 555 BROADWAY VERRAZANO HALL 31	13-1967321	501(C)(3)	6,982.				AFTER-SCHOOL PROGRAM
(4)	MORNINGSIDE CENTER FOR TEACHING SOCIAL RESP 475 RIVERSIDE DRIVE SUITE 550	13-3185340	501(C)(3)	100,000.				AFTER-SCHOOL PROGRAM
(5)	NEIGHBORHOOD INITIATIVES DEVELOPMENT CORPOR 2523 OLINVILLE AVENUE BRONX, NY 10467	13-3110811	501(C)(3)	24,750.				AFTER-SCHOOL PROGRAM
(6)	NEW YORK HALL OF SCIENCE 47-01 111TH STREET QUEENS, NY 11368	11-2104059	501(C)(3)	28,067.				HIGH SCHOOL PROGRAMS
(7)	POLYTECHNIC INSTITUTE OF NEW YORK UNIVERSIT 6 METROTECH CENTER BROOKLYN, NY 11201	11-1630820	501(C)(3)	35,980.				HIGH SCHOOL PROGRAMS
(8)	PARTNERSHIP FOR CHILDREN & YOUTH 1611 TELEGRAPH AVENUE SUITE 404	04-3653529	501(C)(3)	15,752.				AFTER-SCHOOL PROGRAM
(9)	PRIME TIME PALM BEACH COUNTY INC. 2300 HIGH RIDGE ROAD SUITE 330	65-1071628	501(C)(3)	82,500.				AFTER-SCHOOL PROGRAM
(10)	PROVIDENCE AFTER SCHOOL ALLIANCE 140 BROADWAY PROVIDENCE, RI 02903	26-0319193	501(C)(3)	83,877.				AFTER-SCHOOL PROGRAM
(11)	RESEARCH FOUNDATION OF CUNY - MEDGAR EVERS 230 WEST 41ST STREET 7TH FLOOR	13-1988190	501(C)(3)	59,039.				AFTER-SCHOOL PROGRAM
(12)	SAMUEL FIELD YM-YWHA INC. 58-20 LITTLE NECK PARKWAY	11-3071518	501(C)(3)	35,908.				HIGH SCHOOL PROGRAMS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE AFTER-SCHOOL CORPORATION

Employer identification number

13-4004600

**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. Part II can be duplicated if additional space is needed.

1	(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
(1)	SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE, NY 11542	11-2777066	501(C)(3)	57,473.				AFTER-SCHOOL PROGRAM
(2)	SHOREFRONT YM-YWHA OF BRIGHTON-MANHATTAN BE 3300 CONEY ISLAND AVENUE BROOKLYN, NY 11235	11-3070228	501(C)(3)	10,876.				AFTER-SCHOOL PROGRAM
(3)	SOUTH ASIAN YOUTH ACTION 54-05 SEABURY STREET ELMHURST, NY 11373	13-3943630	501(C)(3)	80,000.				AFTER-SCHOOL PROGRAM
(4)	SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CO 555 BERGEN AVENUE BRONX, NY 10455	13-2736022	501(C)(3)	44,636.				AFTER-SCHOOL PROGRAM
(5)	SOUTHERN QUEENS PARK ASSOCIATION 177-01 BAISLEY BOULEVARD JAMAICA, NY 11434	11-2432846	501(C)(3)	100,000.				AFTER-SCHOOL PROGRAM
(6)	SPORTS & ARTS IN SCHOOLS FOUNDATION INC. 58-12 QUEENS BOULEVARD SUITE 1	11-3112635	501(C)(3)	64,110.				AFTER-SCHOOL PROGRAM
(7)	ST. NICKS ALLIANCE CORPORATION 2 KINGSLAND AVENUE 1ST FLOOR	51-0192170	501(C)(3)	94,991.				AFTER-SCHOOL PROGRAM
(8)	ST. ROSALIA-REGINA NIA - D/B/A NIA COMMUNIT 6614 11TH AVENUE BROOKLYN, NY 11219	11-2697931	501(C)(3)	424,733.				EXPANDED LEARNING TI
(9)	STANLEY M. ISAACS NEIGHBORHOOD CENTER INC. 415 EAST 93RD STREET NEW YORK, NY 10128	13-2572034	501(C)(3)	106,807.				AFTER-SCHOOL PROGRAM
(10)	STRYCKER'S BAY NEIGHBORHOOD COUNCIL INC. 105 WEST 86TH STREET SUITE 323	13-1943516	501(C)(3)	92,184.				AFTER-SCHOOL PROGRAM
(11)	STUDIO IN A SCHOOL ASSOCIATION INC. 410 WEST 59TH STREET NEW YORK, NY 10019	13-3003112	501(C)(3)	26,065.				HIGH SCHOOL PROGRAMS
(12)	SUNNYSIDE COMMUNITY SERVICES 43-31 39TH STREET SUNNYSIDE, NY 11104	51-0189327	501(C)(3)	8,498.				AFTER-SCHOOL PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE AFTER-SCHOOL CORPORATION

Employer identification number

13-4004600

**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. Part II can be duplicated if additional space is needed.

1	(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
(1)	THE AFTER SCHOOL INSTITUTE 600 REISTERTOWN ROAD SUITE 512	26-1662587	501(C)(3)	5,448.				AFTER-SCHOOL PROGRAM
(2)	THE CHILD CENTER OF NEW YORK 60-02 QUEENS BOULEVARD LOWER LEVEL	11-1733454	501(C)(3)	172,384.				AFTER-SCHOOL PROGRAM
(3)	THE CHILDRENS AID SOCIETY 105 EAST 22ND STREET NEW YORK, NY 10010	13-5562191	501(C)(3)	55,166.				HIGH SCHOOL PROGRAMS
(4)	THE EDUCATIONAL ALLIANCE INC. 197 EAST BROADWAY NEW YORK, NY 10002	13-5562210	501(C)(3)	467,984.				EXPANDED LEARNING TI
(5)	UNITED WAY OF BUFFALO AND ERIE COUNTY 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	6,000.				AFTER-SCHOOL PROGRAM
(6)	UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK I 184 ELDRIDGE STREET NEW YORK, NY 10002	13-5562374	501(C)(3)	436,855.				EXPANDED LEARNING TI
(7)	YMCA OF GREATER NEW YORK 5 WEST 63RD STREET 6TH FLOOR	13-1624228	501(C)(3)	353,961.				AFTER-SCHOOL PROGRAM
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 56.

3 Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) (2012)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

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

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PART I, LINE 2

ANYONE RECEIVING A GRANT MUST SUBMIT A BUDGET AND QUARTERLY REPORTS ON THE ACTUAL EXPENDITURES. FIELD AUDITS ARE CONDUCTED ON A SAMPLING OF GRANTEES EACH YEAR.

**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

**2012**

**Open to Public Inspection**

Name of the organization  
THE AFTER-SCHOOL CORPORATION

Employer identification number  
13-4004600

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <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) |

**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

**2** 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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** 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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** 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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LUCY N. FRIEDMAN PRESIDENT	(i)	211,725.	0	0	0	28,318.	240,043.	0
	(ii)	0	0	0	0	0	0	0
2 CHARISSA FERNANDEZ (THR CHIEF OPERATING OFFICER	(i)	158,745.	0	0	0	37,539.	196,284.	0
	(ii)	0	0	0	0	0	0	0
3 CHRISTOPHER CARUSO SENIOR VP, EXPANDED SCHOOLS	(i)	143,822.	0	0	0	27,710.	171,532.	0
	(ii)	0	0	0	0	0	0	0
4 CHRISTOPHER WHIPPLE VP, PROGRAMS	(i)	141,547.	0	0	0	23,452.	164,999.	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE AFTER-SCHOOL CORPORATION

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

13-4004600

SECTION B, QUESTION 11

PART VI, SECTION B, LINE 11B

THE BOARD OF DIRECTORS HAS DESIGNATED THE FINANCE COMMITTEE OF THE BOARD TO REVIEW THE FORM 990. THE REVIEW TAKES PLACE AT A FINANCE COMMITTEE MEETING. FOLLOWING THE MEETING ALL DIRECTORS RECEIVE A COPY OF THE FINAL 990 BEFORE IT IS FILED.

SECTION B, QUESTION 12C

PART VI, SECTION B, LINE 12C

THE ORGANIZATION'S EMPLOYEE MANUAL INCLUDES ITS CONFLICTS AND GIFT POLICY. EACH NEW EMPLOYEE IS REQUIRED TO READ THE CONFLICT OF INTEREST POLICY AND SIGN AN ACKNOWLEDGEMENT INDICATING THAT THEY UNDERSTAND AND ARE IN COMPLIANCE WITH THE POLICY. THE CONFLICT OF INTEREST POLICY IS ALSO A PART OF NEW EMPLOYEE ORIENTATIONS WHICH ALL NEW EMPLOYEES ARE REQUIRED TO ATTEND. ALL MEMBERS OF THE LEADERSHIP TEAM (VPS AND DIRECTORS) MUST DISCLOSE TO THE PRESIDENT ANY SUBSTANTIAL FINANCIAL INTERESTS, AFFILIATIONS, OR OTHER SIGNIFICANT RELATIONSHIPS WITH ENTITIES WITH WHICH THE ORGANIZATION IS, OR IS CONSIDERING, CONDUCTING BUSINESS. ANNUALLY, LEADERSHIP TEAM MEMBERS MUST READ THE CONFLICT OF INTEREST POLICY AND AFFIRM THEY ARE IN COMPLIANCE WITH ITS CONDITIONS. ANNUALLY, EACH MEMBER OF THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND THEY ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE READ THE POLICY AND ARE IN COMPLIANCE.



Name of the organization THE AFTER-SCHOOL CORPORATION	Employer identification number 13-4004600
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## SECTION B, QUESTION 15

## PART VI, SECTION B, LINES 15A AND 15B

THE BOARD ESTABLISHES COMPENSATION GUIDELINES FOR THE ORGANIZATION WHICH INCLUDES REVIEW OF 1) PUBLISHED SALARY SURVEYS FOR COMPARABLE POSITIONS AT ORGANIZATIONS SIMILAR TO TASC, 2) ECONOMIC INDICATORS AND 3) THE PROPOSED BUDGET FOR THE NEXT FISCAL YEAR. A SPECIAL COMMITTEE OF THE BOARD APPROVES THE SALARY OF THE PRESIDENT.

## SECTION C, QUESTION 19

## PART VI, SECTION C, LINE 19

FINANCIAL STATEMENTS AND 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE AND MADE AVAILABLE IF REQUESTED. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

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ATTACHMENT 1


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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES


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<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
YOUTH CAREER DEVELOPMENT	28,735.	92,254.	
NEW YORK STATE AFTER-SCHOOL NETWORK (NYSAN)	6,000.	284,547.	
TOTALS	<u>34,735.</u>	<u>376,801.</u>	

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ATTACHMENT 2


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990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS


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<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
POLICY STUDIES ASSOCIATES, INC. 1718 CONNECTICUT AVE N.W., SUITE 400 WASHINGTON, DC 20009	PROGRAM EVALUATION	120,730.
YOUTH STUDIES, INC. 155 WATER STREET	PROGRAM EVALUATION	135,250.

Name of the organization THE AFTER-SCHOOL CORPORATION	Employer identification number 13-4004600
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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BROOKLYN, NY 11201		