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**Short Form
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)

2008

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, **and ending** ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ALLIANCE OF LOCAL LEADERS FOR EDUCATION		D Employer identification number 74-3064220
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 4801 EXPOSITION BOULEVARD		E Telephone number (323) 735-9515
		City or town, state or country, and ZIP + 4 LOS ANGELES CA 90016		F Group Exemption Number _____
		* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		
I Website: ► N/A				H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.				
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 169,700.				

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	169,700.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b Less direct expenses other than fundraising expenses	6b	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe _____)	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	169,700.	
EXPENSES	10 Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	23,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	108,582.
	13 Professional fees and other payments to independent contractors	13	11,420.
	14 Occupancy, rent, utilities, and maintenance	14	32,982.
	15 Printing, publications, postage, and shipping	15	12,906.
	16 Other expenses (describe ► See Other Expenses Statement)	16	4,030.
	17 Total expenses (add lines 10 through 16)	17	192,920.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-23,220.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	40,318.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	17,098.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		42,394.	19,829.
23 Land and buildings		0.	0.
24 Other assets (describe ► _____)		0.	0.
25 Total assets		42,394.	19,829.
26 Total liabilities (describe ► _____)		2,076.	2,731.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		40,318.	17,098.

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Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved ▶ 38b _____		
39	501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 ▶ 39a _____		
39b	b Gross receipts, included on line 9, for public use of club facilities ▶ 39b _____		
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>California</u>		

42a The books are in care of ▶ A.L.L.E.R.T. Telephone no. ▶ (323) 735-9515
 Located at ▶ 4801 EXPOSITION BOULEVARD LOS ANGELES CA ZIP + 4 ▶ 90016

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** | _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

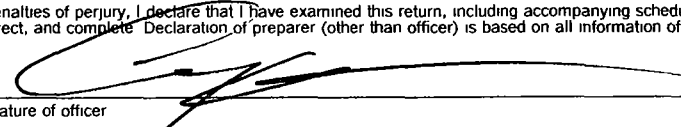
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ▶		

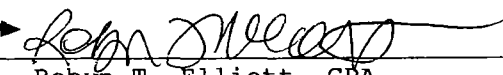
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶  09/08/09
 Signature of officer Date

▶ ANTHONY THIGPENN TREASURER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶  Date 09/04/09
 Check if self-employed Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Robyn T. Elliott, CPA
 5767 Uplander Way Suite 208
 Culver City CA 90230 EIN ▶ Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

MEETING EXPENSES	3,755.
OTHER	275.
Total	4,030.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment JUNE 2008 ELECTION GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
ELECTIONS	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> EAST L.A. COMMUNITY CORP 530 S. BOYLE AVENUE LOS ANGELES CA 90033	SUBCONTRACTOR	3,633.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment JUNE 2008 ELECTION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
ELECTION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> P.O.W.E.R. 32 SEVENTH STREET SAN FRANCISCO CA 94110	SUBCONTRACT	2,875.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment JUNE 2008 ELECTION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
ELECTIONS	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> STRATEGIC ACTIONS FOR A JUST ECONOMY 1532 W. 32ND STREET LOS ANGELES CA 9007	SUBCONTRACT	3,633.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment JUNE 2008 ELECTION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
ELECTIONS	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> JUST CAUSE OAKLAND P.O. BOX 3596 OAKLAND CA 94609	SUBCONTRACT	2,875.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment JUNE 2008 ELECTION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
ELECTIONS	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> PODER 474 VALENCIA ST #125 SAN FRANCISCO CA 94103	SUBCONTRACT	2,875.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment JUNE 2008 ELECTION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
ELECTIONS	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ST PETER'S HOUSING COMMITTEE 474 VALENCIA ST #156 SAN FRANCISCO CA 94103	SUBCONTRACT	2,875.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment JUNE 2008 ELECTION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
ELECTIONS	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> UNION DE VECHOS P.O. BOX 33134 LOS ANGELES CA 90033	SUBCONTRACT	4,234.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined