DLN: 93493132022932 OMB No 1545-0047 **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) Open to Public Department of the Treasury lacktriangle The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 D Employer identification number B Check if applicable ACHIEVE INC 52-2006429 Address change Doing Business As Name change E Telephone number ∏ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (202)419-1540 1400 16TH STREET NW Terminated G Gross receipts \$ 8,479,180 Amended return City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 Application pending Name and address of principal officer H(a) Is this a group return for affiliates? MICHAEL COHEN 1400 16TH STREET NW ┌ Yes ┌ No H(b) Are all affiliates included? WASHINGTON, DC 20036 If "No," attach a list (see instructions) H(c) Group exemption number > **▽** 501(c)(3) **┌** Tax-exempt status 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Website: ► WWW ACHIEVE ORG L Year of formation 1996 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities ACHIEVE, INC (ACHIEVE) IS AN EDUCATION REFORM ORGANIZATION DEDICATED TO SUPPORTING STANDARDS-

BASED EDUCATION REFORM EFFORTS ACROSS THE STATES ACHIEVE HELPS STATES RAISE ACADEMIC STANDARDS

AND GRADUATION REQUIREMENTS, IMPROVE ASSESSMENTS AND STRENGTHEN ACCOUNTABILITY

Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a **b** Net unrelated business taxable income from Form 990-T, line 34 . **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 7,694,059 5,473,720 Program service revenue (Part VIII, line 2g) . . 1,098,684 2,981,075 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 25,322 -6,276 7,147 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,500 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 8,819,565 8,455,666 12) . Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 5,044,068 4,212,154 5 - 10)0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 224,594 5,049,733 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 4,327,140 18 9,261,887 9,371,208 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -442,322 -915,542 (Assets or of Balances **Beginning of Current End of Year** Year 4,228,476 6,948,304 20 Total assets (Part X, line 16) . 6,517,627 21 2.882.257 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 1,346,219 430.677

Signature Block Part II

Under penalties of perjury, I declare that I have examined this return, including accoknowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

Sign	Signature of officer									
Here	MICHAEL COHEN President									
	Type or print name and title									
	Print/Type preparer's name JAMES E CRISP	Preparer's signature	JAMES E CRIS							
	preparer's name JAMES E CRISP		JULIED F CKT							
Paid	Firm's name 🕨 GROSS MENDELSOHN & ASSOC	CIATES PA								
Dranarar										
Preparer Use Only	Firm's address • 36 S CHARLES ST STE 1800									
Use Only										
-	BALTIMORE, MD 212013102	!								

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

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		N o
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

	Check if Schedule O contains a response to any question in this Part V	•	.F	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
·u	1a 51			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 32			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
a	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)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		No
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5с 6а		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		140
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	1
	Sponsoring organizations maintaining donor advised funds.	8		No
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		No
	Note. See the instructions for additional information the organization must report on Schedule O	130		1110
h	Enter the amount of reserves the organization is required to maintain by the states			
ט	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		No

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

						_	_
Chack if Cabadula (contains a response to any question in this Part VI						7

Se	ection A. Governing Body and Management		•	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax vear			
b	year			
	Independent 1 1 1 1 1 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	venue Coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
115	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100		110
114	Thas the organization provided a copy of this Form 990 to an members of its governing body before ming the form.	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by		,	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶DC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization KAREN ROSENTHAL

1400 16TH STREET NW SUITE 510 WASHINGTON, DC 20036

(202)419-1540

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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		tion (that a	che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) TYLER WEEDON DIRECTOR OF DEV	40 00					х		130,500	0	21,150
(2) SANDRA BOYD VP, STRATEGIC	40 00				Х			178,421	0	37,668
(3) RANDY FISER VP, MGMT, FIN	40 00				Х			173,078	0	33,693
(4) PETER SAYRE Treasurer	1 00			х				0	0	0
(5) MICHAEL COHEN President	40 00			х				263,800	0	46,019
(6) MATTHEW GANDAL EXECUTIVE VP	40 00				Х			201,861	0	39,915
(7) MARK B GRIER BOARD MEMBER	1 00	х						0	0	0
(8) LOUIS GERSTNER JR CHAIR EMERITUS	1 00	Х						0	0	0
(9) LAURA SLOVER VP, CONTENT	40 00				х			177,421	0	37,232
(10) KAYE FORGIONE SR ASSOC SCI	40 00					х		163,296	0	17,245
(11) JEFFREY WADSWORTH BOARD MEMBER	1 00	Х						0	0	0
(12) JEAN SLATTERY SR ASSOCIATE	40 00					х		144,060	0	15,537
(13) GOVERNOR DEVAL PATRICK BOARD MEMBER	1 00	Х						0	0	0
(14) GOVERNOR DAVE HEINEMAN BOARD MEMBER	1 00	Х						0	0	0
(15) EDWARD B RUST JR BOARD MEMBER	1 00	Х						0	0	0
(16) DOUG SOVDE SR ASSOC MATH	40 00					х		130,250	0	31,901

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

	(A) Name and Title	(B) Average hours	Posi t				II		Repo compe	D) rtable nsation n the	(E) Reportable compensation from related	n ,	(F) Estima amount o	ated of other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ition (W- -MISC)	organizations (W- 2/1099- MISC)		compen: from organizat relat organiza	the ion and ed
CHAIR	AIG BARRETT	1 00	х							0		o		0
	IRISTINE TELL ATE SER	40 00					Х			139,750		0		14,635
												+		
												_		
1b	Sub-Total							<u> </u>				+		
	Sub-Total					<u>.</u>	· ·							
d	Total (add lines 1b and 1c) .							-	1	1,702,437				294,995
	Fotal number of individuals (incl \$100,000 in reportable compen						above) who	received	I more tha	n			
													Yes	No
(Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch	nedule J for such	ındıvıdı	ual .		•	•	•				3		No
(For any individual listed on line 1 organization and related organiza Individual	ations greater th	nan \$15	0,00	0? <i>I</i>							4	Yes	
	Old any person listed on line 1a services rendered to the organiz								_	inization o	r individual for •	5	11 12 13 14 15	No
Sec	tion B. Independent Con	tractors												
	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontra	ctors	that rece	eived more	than			
-	Nan	(A) ne and business ad	dress							Descr	(B) uption of services		(C Comper	
9305 Lii	c initiatives LLC iden Avenue DA, MD 20814								C	DESIGNER			•	113,689
PHASE2	TECHNOLOGY LLC aqddock Place DRJA, VA 22314								V	WEBSITE SUI	PPORT)			137,610

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

	1a b c	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	
ifts, grants r amounts	b c					function revenue	revenue	from tax under
ffs, grants ir amounts	b c							512, 513, or 514
is, g imila	e	Federated campaigns	. 1c					
contribution and other s	f g	All other contributions, gifts, grants similar amounts not included above Noncash contributions included in li	, and 1f e nes 1a-1f \$	5,473,720	5,473,720			
Program Service Revenue	2a b c	FEE FOR SERVICE CONTRACTS		Business Code	2,981,075	2,981,075		
Program Ser		All other program service re Total. Add lines 2a-2f			2,981,075			
4	4	Investment income (including and other similar amounts) Income from investment of tax-ex Royalties	empt bond proceeds		17,238 0 0			17,23
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(ı) Real	(II) Personal	0			
7	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(ı) Securities	(II) O ther 23,514				
. L	c d 8a	Gain or (loss) Net gain or (loss) Gross income from fundraisi		-23,514	-23,514			-23,51
Other Kevenue		(not including \$ of contributions reported on See Part IV, line 18 Less direct expenses	а					
	c 9a b	Net income or (loss) from fur Gross income from gaming a	ctivities See Part IV, line 19	. ab	0			
1	10a b	Gross sales of inventory, less returns and allowances . Less cost of goods sold . Net income or (loss) from sa	s a . b		0			
:	11a b c	Miscellaneous Revenue OTHER INCOME		Business Code	7,147	7,147		
	e	All other revenue Total. Add lines 11a-11d Total revenue. See Instructi	•		7,147 8,455,666			-6,27

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			<u> </u>					
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	1,083,655	715,492	368,163						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	3,066,438	2,648,044	247,183	171,211					
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	225,851	196,691	21,544	7,616					
9	Other employee benefits	393,941	334,176	48,608	11,157					
10	Payroll taxes	274,183	220,604	47,695	5,884					
а	Fees for services (non-employees) Management	0								
b	Legal	150,849	131,534	19,315						
С	Accounting	227,399	98	227,301						
d	Lobbying	0								
е	Professional fundraising services See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	1,674,302	1,489,087	181,893	3,322					
12	Advertising and promotion	0								
13	Office expenses	261,404	194,646	63,734	3,024					
14	Information technology	109,463	101,533	7,930						
15	Royalties	0								
16	Occupancy	591,560	435,803	137,470	18,287					
17	Travel	509,300	481,604	27,696						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	405,508	396,083	9,425						
20	Interest	0								
21	Payments to affiliates	0	04.504	25.504	2.551					
22	Depreciation, depletion, and amortization	114,869	84,624	26,694	3,551					
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	19,456	8,412	10,768	276					
а	REPAIRS & MAINTENANCE	34,493	13,013	21,480						
b	RECRUITMENT	200,013	187,974	12,039						
C	PROCESSING FEES	11,228		11,228						
d	MISCELLANEOUS	9,537	6,336	2,935	266					
е	DUES AND SUBSCRIPTIONS	7,759	989	6,770						
f	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24f	9,371,208	7,646,743	1,499,871	224,594					
26	Joint costs. Check here ▶ ┌ If following									
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a									
	combined educational campaign and fundraising solicitation									

Part X Balance Sheet (A) (B) Beginning of year End of year 15,487 14,188 1 1 3,606,118 2 3,661,593 2 253,938 3 3 4 445.036 4 1,698,706 Receivables from current and former officers, directors, trustees, key employees, and 5 highest compensated employees Complete Part II of 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 6 7 0 8 8 0 Prepaid expenses and deferred charges 424 9 161,453 10a Land, buildings, and equipment cost or other basis *Complete* 1,251,834 Part VI of Schedule D 10a 10b 144,487 120,414 **10c** b Less accumulated depreciation 1,107,347 11 0 11 0 12 Investments—other securities See Part IV, line 11 12 0 13 13 Investments—program-related See Part IV, line 11 . . . 0 14 14 40,997 15 51,079 15 4,228,476 6.948.304 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 883.064 17 916,431 17 Accounts payable and accrued expenses . 18 18 1,999,193 4.604.006 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 997,190 2,882,257 6,517,627 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets 430,677 27 1,199,224 Temporarily restricted net assets 146,995 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ┌ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 430,677 33 Total net assets or fund balances 1,346,219 33 34 Total liabilities and net assets/fund balances 4.228.476 6.948.304

Par	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8.4	155,666
2	Total expenses (must equal Part IX, column (A), line 25)	2			371,208
3	Revenue less expenses Subtract line 2 from line 1	3			915,542
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	346,219
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4	130,677
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	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?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No

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Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Employer identification number

ACHIEVE INC 52-2006429 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	organızatı col (ı) of	d you notify the Is the organization in col (i) of your support? Is the organization in the US?		Is the organization in col (i) organized	
		inst ruct ions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

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.)

	under Fait III. II til	e organización	ialis to quality u	iluei tile tests i	isted below, pie	ase co	ilibiete r	ait III.)
	ection A. Public Support		1					
Cal	endar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,686,30	6,248,715	7,359,888	7,694,059	7	7,992,842	34,981,810
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit							0
4	to the organization without charge Total. Add lines 1 through 3	5,686,30	6 6,248,715	7,359,888	7,694,059	7	7,992,842	34,981,810
5	The portion of total contributions by each person (other than a governmental unit or publicly	3,000,00	5,210,712	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,		755275.12	0.1,502,626
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							22,515,950
6	Public Support. Subtract line 5 from line 4							12,465,860
S	ection B. Total Support	•	•	•	•			
	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	Amounts from line 4	5,686,306	6,248,715	7,359,888	7,694,059	7	,992,842	34,981,810
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	82,280	112,967	44,438	25,322		17,238	282,245
9	Net income from unrelated business activities, whether or not the business is regularly							0
10	Carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		5,505	18,812	1,500		7,147	32,964
11	Total support (Add lines 7 through 10)							35,297,019
12	Gross receipts from related activiti	ies, etc (See ins	tructions)	•	•	12		3,020,682
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second,	thırd, fourth, or fı	fth tax year as a !	501(c)(ation,
S	ection C. Computation of Pul							
14	Public Support Percentage for 201	•		11 column (f))		14		35 320 %
15	Public Support Percentage for 200	·	•			15		21 400 %
	33 1/3% support test—2010. If the and stop here. The organization qua	alıfıes as a public	ly supported orga	nization				▶ ▽
b	33 1/3% support test—2009. If the box and stop here. The organizatio				a, and line 15 is 3	3 1/3%	or more, o	check this
17a	10%-facts-and-circumstances test is 10% or more, and if the organiza in Part IV how the organization med	ition meets the "i	facts and circumst	ances" test, chec	k this box and st	op here.	Explain	red
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organ	—2009. If the org	janization did not c	heck a box on lin	e 13, 16a, 16b, o	r 17a ar	nd line	▶┌
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat	tion meets the "f	facts and circumst	ances" test The	organızatıon qualı	ıfıes as a	a publicly	▶ ┌
	instructions	ala not check	Ca box on fine 15,	104, 105, 174 01	I. D, CHECK HIIS L	JOA GIIG		▶ □

organization

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 Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

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

Schedule A (Form 990 or 990-EZ) 2010

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OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public

ntema	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspec	tion
	me of the organ	ization		Employe	er ident if icat	ion numbe	er
AC	HIEVE INC			6429			
Pā			dvised Funds or Other Similar F			Comple	te if the
	organiz	zation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(6)	Funds and ot	har aaa	
1	Total number a	at end of year	(a) Donor advised funds	(6)	rulius aliu ot	nei accou	111.5
2		tributions to (during year)					
3	55 5	nts from (during year)					
ŀ	Aggregate valu	ue at end of year					
;	_			nor advised	I	☐ Yes	┌ No
5	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for a		ırpose	┌ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" t	o Form 9	90, Part IV,	line 7.	
2	Protection Preservat Complete lines	n of natural habitat ion of open space	on or pleasure) Preservation of an Preservation of a conservation contribution in the form	certified hi	storic structi		a
	easement on t	ne last day of the tax year			Held at the E	nd of the	Year
a	Total number o	of conservation easements		2a			
b	Total acreage	restricted by conservation easements		2b			
С	Number of con	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of con	servation easements included in (c) ac	cquired after 8/17/06	2d			
		servation easements modified, transfe ar 🛌	rred, released, extinguished, or terminate	ed by the o	rganızatıon d	uring	
	Number of stat	tes where property subject to conserva	ation easement is located ►				
		nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, hand	dling of vio	lations, and	☐ Yes	┌ No
	Staff and volur	nteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents durin	g the year 🛌		
	A mount of exp	enses incurred in monitoring, inspectii	ng, and enforcing conservation easement:	s during th	e year 🟲 \$		
		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction		☐ Yes	┌ No
	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents				
aı	Compl	ete if the organization answered "	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.				
а	art, historical t	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these it	ch in furthe			е,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research i s				
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets inc	luded in Form 990, Part X			► \$		
	_	tion received or held works of art, histo ints required to be reported under SFA	orıcal treasures, or other sımılar assets fo S 116 relatıng to these items	or financial			
а	Revenues incli	uded in Form 990, Part VIII, line 1			► \$		
b	Assets include	ed in Form 990, Part X					
_	Assets include	ed in Form 990, Part X			- >		

	4 💵 Organizations Maintaining Co	HECCIONS OF ALL	., nis	LUII	cai ii	Casu	. 65/ 6. 6	/tiic	i Sillillai AS	sets (c	<u>ontinuea)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	owing	that ar	e a signific	ant u	ise of its collect	ion	
а	Public exhibition		d	Γ	Loan	orexcl	hange prog	rams	i e		
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	allections and evals	un hav	w tha	, furth	arthe c	raanizatioi	n'c ax	vemnt nurnose i	n	
4	Part XIV									11	
5	During the year, did the organization solicition assets to be sold to raise funds rather than to								nılar 	_ Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the	organ	ızatıor					110
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						or other as:	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng t	able						
									An	ount	
С	Beginning balance							1 c			
d	Additions during the year							1d			
е	Distributions during the year]	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?							_ Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI\	<i>'</i>									
Pa	rt V Endowment Funds. Complete	ıf the organızatıo	n ans	were	ed "Ye	s" to I	Form 990	, Par	rt IV, line 10.		
		(a)Current Year	(b) Prior	Year	(c) Tw	o Years Back	(d)	Three Years Back	(e) Four \	'ears Back
1a	Beginning of year balance										
b	Contributions										
C	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
c	Term endowment ▶										
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are hele	d and a	dministere	d for	the		
	· · · · · · · · · · · · · · · · · · ·									Vac	No
	organization by									Yes	140
	(i) unrelated organizations								3a(i)	
	(i) unrelated organizations(ii) related organizations				 				3a(i) ii)	
_	(i) unrelated organizations	 ns listed as require	 d on S	Schec	 ule R?					i) ii)	
4	(i) unrelated organizations (ii) related organizations		 d on S dowm	Sched ent fu	 ule R? nds				3a(i) ii)	
4	(i) unrelated organizations		 d on S dowm	ent fu ee F	ule R? nds	 	art X, line		3a(i) ii)	
4	(i) unrelated organizations (ii) related organizations		 d on S dowm	ent fu ee F	 ule R? nds			other	3a(i) ii)	ook value
4 Par	(i) unrelated organizations (ii) related organizations		 d on S dowm	ent fu ee F	ule R? Inds orm 9		art X, line	other	3a(3b	i) ii)	
Par	(i) unrelated organizations (ii) related organizations		 d on S dowm	ent fu ee F	ule R? Inds orm 9		art X, line	other	3a(3b	i) ii)	
Par	(i) unrelated organizations		 d on S dowm	ent fu ee F	ule R? Inds orm 9		art X, line (b)Cost or or basis (oth	other	3a(3b	(d) B	
1a b	(i) unrelated organizations		 d on S dowm	ent fu ee F	ule R? Inds orm 9		art X, line (b)Cost or or basis (oth	other er)	3a(3t (c) Accumulated depreciation	(d) B	ook value
1a b c d	(i) unrelated organizations		d on S down	ent fu ee F	ule R? Inds orm 9		(b)Cost or obasis (oth	other er)	(c) Accumulated depreciation	(d) B	704,385

Part VII Investments—Other Securities. See	Form 990, Part X, line 13	2.	<u>-</u>
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation f-year market value
(including name of security) (1)Financial derivatives		Cost or end-o	-year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		0000010110110	y our market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5.)		
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
DEFERRED RENT	997,190		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	997,190		

10	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,455,666
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,371,208
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-915,542
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-915,542
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	8,455,666
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,455,666
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4 c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,455,666
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	9,371,208
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,371,208
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,371,208
Par	t XIV Supplemental Information		
Can	anieta this part to provide the descriptions required for Dart II lines 2. F. and 0. Dart III lines 15 and 4. D	ort 11/	lines 1 h and 2 h

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier | Return Reference | Explanation

DLN: 93493132022932

OMB No 1545-0047

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, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization **ACHIEVE INC**

Employer identification number

52-2006429

Pa	rt I Questions Regarding Compensation	1	·			ı
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or- reimbursement orprovision of all the expenses descr			1b		
2	Did the organization require substantiation prior to re					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all th		у			
	Compensation committee	~	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	able presumption procedure described in Regulations	9		No

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	ļ	(B) Breakdown of	W-2 and/or 1099-	-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) TYLER WEEDON	(I) (II)	130,500			13,246	7,904	151,650	0 156,89
(2) SANDRA BOYD	(I) (II)	178,421			17,855	19,813	3 216,089	9 220,669
(3) RANDY FISER	(I) (II)	173,078			17,169	16,524	4 206,771	
(4) MICHAEL COHEN	(I) (II)	263,800			26,174	19,845	5 309,819	9 320,604
(5) MATTHEW GANDAL	(I) (II)	201,861			20,072	19,843	3 241,776	6 239,490
(6) LAURA SLOVER	(I) (II)	177,421			17,536	19,696	6 214,653	3 180,830
(7) KAYE FORGIONE	(I) (II)	163,296			15,905	1,340	0 180,541	1 174,01!
(8) JEAN SLATTERY	(I) (II)	144,060			14,346	1,191	1 159,597	7 165,72
(9) DOUG SOVDE	(I) (II)	130,250			12,487	19,414	4 162,151	
(10) CHRISTINE TELL	(I) (II)	139,750			13,711	924	4 154,385	5 124,762
(11)								
(12)	+							
(13)	+			+	+			†
(14)	+				+			
(15)	+				+		 	<u> </u>
(16)	+				+		+	+

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493132022932

OMB No 1545-0047

2010

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization
ACHIEVE INC

Employer identification number
52-2006429

Identifier	Return Reference	Explanation
Form 990,	Form 990, Part VI,	THE FORM 990 IS AVAILABLE AT THE ORGANIZATION'S OFFICES DURING NORMAL BUSINESS HOURS
Part VI, Line	Line 19 Other	OR A COPY WILL BE PROVIDED UPON REQUEST. THE FORM 990 IS ALSO ACCESSIBLE THROUGH
19	Organization	GUIDESTAR ORG GOVERNING DOCUMENTS, THE CONLICT OF INTEREST POLICY, AND FINANCIAL
	Documents Publicly	STATEMENTS ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOUSURE RULES, AND THEREFORE, THESE
	Available	DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE BY ON-SITE REVIEW OR ELECTRONIC MEDIA

ldentifier	Return Reference	Explanation
		PRESIDENT REVIEWS PERSONNEL PERFORMANCE AND DETERMINES APPROPRIATE STAFF COMPENSATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE CONFLICT OF INTEREST DISCLOSURE FORM IS REQUIRED TO BE COMPLETED ANNUALLY, SOONER IF A SIGNIFICANT CHANGE OCCURS GUIDELINES ARE PROVIDED REGARDING CIRCUMSTANCES THAT MAY RESULT IN A CONFLICT OF INTEREST ALL INDIVIDUALS ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST ON THE CONFLICT OF INTEREST FORM, WHICH MUST INCLUDE A BRIEF STATEMENT OF THE NATURE AND EXTENT OF THE CONFLICT OF INTEREST ALL INDIVIDUALS ARE RESPONSIBLE FOR REPORTING CONFLICTS OF INTEREST TO THE VP OF MANAGEMENT, FINANCE, & OPERATIONS WHO WILL DETERMINE IF AN ACTUAL CONFLICT EXISTS IF A CONFLICT OF INTEREST IS IDENTIFIED AND THERE IS NO REASONABLE WAY TO MANAGE THE CONFLICT OF INTEREST, THE INDIVIDUAL MAY BE PROHIBITED FROM PARTICIPATING IN CONFLICTING ORGANIZATION AFFAIRS IF THE ORGANIZATION BECOMES AWARE OF ANY CONFLICT OF INTEREST THAT WAS NOT DISCLOSED, A DISCUSSION WILL BE HELD WITH THE INDIVIDUAL, WRITTEN DISCLOSURE PROVIDED BY THE POLICY WILL BE COMPLETED, AND THE CONFLICT WILL BE MANAGED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	VI, Line 11 Form 990 Review Process	PRIOR TO THE FILING OF THE FORM 990, INCLUDING ALL SUPPLEMENTAL FORMS AND SCHEDULES, THE CHIEF FINANCIAL OFFICER WILL RECONCILE AMOUNTS PER THE AUDITED FINANCIAL STATEMENTS TO THE FORM 990. THE CHIEF FINANCIAL OFFICER AND THE TREASURER WILL REVIEW THE FORM IN ITS ENTIRETY THE CHIEF FINANCIAL OFFICER WILL REVIEW THE FORM WITH THE PRESIDENT, INCLUDING SIGNIFICANT HIGHLIGHTS. THE FORM 990 IS MADE AVAILABLE TO THE AUDIT COMMITTEE MEMBERS OR THEIR DELEGATES, PRIOR TO FILING THE FORM 990 WITH THE IRS. ONCE THE FORM IS REVIEWED, THE PRESIDENT SIGNS THE FORM 990 AND THE FORM 990 IS SUBMITTED TO THE IRS ELECTRONICALLY.

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Partnership for Assessment of Readiness for College and Careers (PARCC) Achieve is serving as the project management partner for PARCC, a consortium of states that was awarded a Race to the Top assessment competition grant PARCC states have committed to building a K-12 assessment system that builds a pathway to college and career readiness for all students, creates high-quality assessments that measure the full range of the Common Core State Standards, supports educators in the classroom, makes better use of technology in assessments, and advances accountability at all levels. The first exams will be given in years 2014 and 2015

Identifier	Return Reference	Explanation
Form 990, Part III, Line 2	III, Line 2 New	PARCC - ACHIEVE IS SERVING AS THE PROJECT MANAGEMENT PARTNER FOR THE PARTNERSHIP FOR ASSESSMENT OF READINESS FOR COLLEGE AND CAREERS (PARCC), A CONSORTIUM OF STATES THAT WAS AWARDED A RACE TO THE TOP ASSESSMENT COMPETITION GRANT PARCC STATES HAVE COMMITTED TO BUILDING A K-12 ASSESSMENT SYSTEM THAT BUILDS A PATHWAY TO COLLEGE AND CAREER READINESS FOR ALL STUDENTS, CREATS HIGH-QUALITY ASSESSMENTS THAT MEASURE THE FULL RANGE OF THE COMMON CORE STATE STANDARDS, SUPPORTS EDUCATORS IN THE CLASSROOM, MAKES BETTER USE OF TECHNOLOGY IN ASSESSMENTS, AND ADVANCES ACCOUNTABILITY AT ALL LEVELS