

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**


|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>AFTER-SCHOOL ALL-STARS<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>5900 WILSHIRE BLVD. 2000<br>City or town, state or province, country, and ZIP or foreign postal code<br>LOS ANGELES, CA 90036<br><b>F</b> Name and address of principal officer: BEN PAUL<br>SAME AS C ABOVE | <b>D</b> Employer identification number<br>95-4441208<br><b>E</b> Telephone number<br>323-938-3232<br><b>G</b> Gross receipts \$ 13,189,599.<br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J</b> Website: ▶ WWW.AFTERSCHOOLALLSTARS.ORG  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: 1992 <b>M</b> State of legal domicile: CA   |

**Part I Summary**

|                                    |                |  |   |                   |
|------------------------------------|----------------|--|---|-------------------|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: AFTER-SCHOOL ALL-STARS PROVIDES COMPREHENSIVE AFTER-SCHOOL PROGRAMS THAT KEEP CHILDREN SAFE AND HELP |   |                   |
|                                    | <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>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                                      | 31                |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                                      | 30                |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2020 (Part V, line 2a)   | <b>5</b>                                      | 523               |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)   | <b>6</b>                                      | 541               |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                     | 0.                |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <b>7b</b>                                     | 0.                |
|                                    | <b>Revenue</b> | <b>8</b>   | Contributions and grants (Part VIII, line 1h) | <b>Prior Year</b> |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)   | <b>Current Year</b>                           | 12,869,172.       |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |   | 595,532.          |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |   | 302,772.          |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |   | 0.                |
| <b>12</b>                          |                |  |   | -16,395.          |
| <b>Expenses</b>                    | <b>13</b>      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |   | 283,424.          |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)  |   | 124,500.          |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |   | 0.                |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)  |   | 11,976,342.       |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25) ▶ 832,408.   |   | 9,427,643.        |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |   | 0.                |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |   | 6,096,644.        |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12   |   | 3,326,619.        |
|                                    |                |  |   | 18,356,410.       |
|                                    |                |  |   | 12,878,762.       |
|                                    |                |  |   | 349,749.          |
|                                    |                |  |   | 269,766.          |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b>              | 9,446,758.        |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)  | <b>End of Year</b>                            | 10,011,535.       |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20   |   | 2,768,127.        |
|                                    |                |  |   | 3,063,138.        |
|                                    |                |  |   | 6,678,631.        |
|                                    |                |  |   | 6,948,397.        |

**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 <br>ANDREA BAZAN, PRESIDENT<br>Type or print name and title                    | Date<br>May 13, 2022   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>DERRICK DEBRUYNE<br>Preparer's signature<br>DERRICK DEBRUYNE<br>Date<br>05/12/22<br>Check if self-employed <input type="checkbox"/><br>PTIN<br>P00591016 | Firm's name ▶ CLIFTONLARSONALLEN LLP<br>Firm's EIN ▶ 41-0746749<br>Firm's address ▶ 2210 EAST ROUTE 66<br>GLENDORA, CA 91740<br>Phone no. (626) 857-7300 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AFTER-SCHOOL ALL-STARS PARTNERS WITH SCHOOLS ON INNOVATIVE ENRICHMENT PROGRAMS TO HELP STUDENTS AND THEIR COMMUNITIES. WE HAVE STRATEGICALLY PLACED OURSELVES ACROSS THE NATION IN UNDER-RESOURCED COMMUNITIES TO KEEP STUDENTS SAFE AND HELP THEM SUCCEED IN SCHOOL AND

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

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

4 Describe the 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 \$ 10,668,522. including grants of \$ 124,500. ) (Revenue \$ 320,427. ) AFTER-SCHOOL ALL-STARS PARTNERS WITH SCHOOLS ON INNOVATIVE ENRICHMENT PROGRAMS TO HELP STUDENTS AND THEIR COMMUNITIES. WE HAVE STRATEGICALLY PLACED OURSELVES ACROSS THE NATION IN UNDER-RESOURCED COMMUNITIES TO KEEP STUDENTS SAFE AND HELP THEM SUCCEED IN SCHOOL AND LIFE. AFTER-SCHOOL ALL-STARS PROVIDES PROGRAMS AND TRANSFORMATIVE OPPORTUNITIES THAT HELP STUDENTS DEVELOP THE SKILLS, KNOWLEDGE, AND HABITS NEEDED TO SUCCEED IN LIFE, SCHOOL, AND THEIR FUTURE CAREER. WE DELIVER COMPREHENSIVE, COMMUNITY-ORIENTED PROGRAMS TO UNDER-RESOURCED STUDENTS IN FIVE PROGRAM AREAS: HEALTH & FITNESS, ACADEMIC READINESS, STEM, CAREER EXPLORATION, VISUAL & PERFORMING ARTS.

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

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

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

4e Total program service expenses 10,668,522.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  |     | X  |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br><i>If "Yes," complete Schedule D, Part IV</i> .....         |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> 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.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....  |     | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....  |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....   |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | X   |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | X   |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | X   |    |

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

|   | Yes | No |
|---|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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>24a</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 25a</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>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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>35a</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 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? .....  | X   |    |

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

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

Check if Schedule O contains a response or note to any line in this Part V

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... |     |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | 1a   | 31  |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b   | 30  |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | x  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | x  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | x  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | x  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | x  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | x  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | x  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | x   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  |     | x  |
| <b>9</b>  | 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 on Schedule O   |     | x  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **JACO VAN DER COLFF - 323-938-3232**  
 5900 WILSHIRE BLVD, SUITE 2000, LOS ANGELES, CA 90036

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

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) BEN PAUL<br>CEO/PRESIDENT                                  | 40,00   |   |                       | X       |              |                              | 413,394. | 0.   | 25,075.   |   |
| (2) JENNIFER BERRY<br>COO                                      | 40,00   |   |                       | X       |              |                              | 252,689. | 0.   | 19,990.   |   |
| (3) ANDREA BAZAN<br>CHIEF DEVELOPMENT OFFICER                  | 40,00   |   |                       |         | X            |                              | 218,494. | 0.   | 7,543.  |   |
| (4) KATHY LALLY-BEARES<br>REGIONAL EXECUTIVE DIRECTOR, NORTHEA | 40,00   |   |                       |         | X            |                              | 154,907. | 0.   | 15,137.   |   |
| (5) CARLOS SANTINI<br>EVP OF PROGRAMS                          | 40,00   |   |                       |         | X            |                              | 160,359. | 0.   | 7,551.  |   |
| (6) DANIELLA GRIGIONI<br>EXECUTIVE DIRECTOR, DC                | 40,00   |   |                       |         | X            |                              | 114,855. | 0.   | 13,597.   |   |
| (7) NICOLE HARRIS<br>EXECUTIVE DIRECTOR, NJ                    | 40,00   |   |                       |         | X            |                              | 113,075. | 0.   | 10,055.   |   |
| (8) ARNOLD SCHWARZENEGGER<br>FOUNDER AND CHAIR                 | 2,00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (9) PAUL D WACHTER<br>CHAIRMAN                                 | 2,00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (10) LAURA DIMAGGIO<br>TREASURER                               | 2,00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (11) SCOTT GALER<br>SECRETARY                                  | 2,00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (12) KEITH BARISH<br>DIRECTOR                                  | 2,00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) MICHAEL BECKERMAN<br>DIRECTOR                             | 2,00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (14) BRETT BREWER<br>DIRECTOR                                  | 2,00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (15) MAVERICK CARTER<br>DIRECTOR                               | 2,00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (16) RODNEY COHEN<br>DIRECTOR                                  | 2,00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (17) CONYERS DAVIS<br>DIRECTOR                                 | 2,00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) ANNIE DUKE<br>DIRECTOR                                    | 2,00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) JOHN GHINGO<br>DIRECTOR                                   | 2,00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) MARJORIE HARRIS<br>DIRECTOR                               | 2,00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) TIM HEPPLERWHITE<br>DIRECTOR                              | 2,00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) DANIEL HERNANDEZ<br>DIRECTOR                              | 2,00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) PRISCILLA HERNANDEZ<br>DIRECTOR                           | 2,00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) ANDY HEYWARD<br>DIRECTOR                                  | 2,00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (25) ALEX HORMOZI<br>DIRECTOR                                  | 2,00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (26) LEILA HORMOZI<br>DIRECTOR                                 | 2,00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 1,427,773.   | 0.  | 98,948.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 1,427,773.   | 0.  | 98,948.   |

**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 11

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS



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

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) OMAR JOHNSON<br>DIRECTOR               | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (28) JANE MACON<br>DIRECTOR                 | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (29) MARK MADGETT<br>DIRECTOR               | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (30) MATT PRITZKER<br>DIRECTOR              | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (31) MICHAEL REINSORF<br>DIRECTOR           | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (32) JOE SCHLATER<br>DIRECTOR               | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (33) JOHN SIMONIAN<br>DIRECTOR              | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (34) JOHN TIGHE<br>DIRECTOR                 | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (35) TOM WERNER<br>DIRECTOR                 | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (36) CHRIS O'SHAUGHNESSY<br>DIRECTOR        | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (37) MARK SILVERMAN<br>DIRECTOR             | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| Total to Part VII, Section A, line 1c ..... |   |  |                       |         |              |                              |        |  |   |   |

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |   |   | (A)            | (B)                                | (C)                        | (D)  |          |
|--|---|---|----------------|------------------------------------|----------------------------|--|----------|
|  |   |   | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |          |
| Contributions, Gifts, Grants and Other Similar Amounts   | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                |                                    |                            |  |          |
|  | <b>b</b> Membership dues  | <b>1b</b>   |                |                                    |                            |  |          |
|  | <b>c</b> Fundraising events   | <b>1c</b>   | 228,808.       |                                    |                            |  |          |
|  | <b>d</b> Related organizations  | <b>1d</b>   |                |                                    |                            |  |          |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 6,271,055.     |                                    |                            |  |          |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>   | 6,369,309.     |                                    |                            |  |          |
|  | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>   | \$             |                                    |                            |  |          |
|  | <b>h Total.</b> Add lines 1a-1f   |   |                | 12,869,172.                        |                            |  |          |
| Program Service Revenue  | <b>2 a</b> CONTRACT REVENUE   | <b>Business Code</b>                                  |                |                                    |                            |  |          |
|  |   | 900099  | 302,772.       | 302,772.                           |                            |  |          |
|  | <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  |   |   | 302,772.       |                                    |                            |  |          |
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |                |                                    |                            |  |          |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds                             |   |                |                                    |                            |  |          |
|  | <b>5</b> Royalties  |   |                |                                    |                            |  |          |
|  | <b>6 a</b> Gross rents  | <b>6a</b>   | (i) Real       |                                    |                            |  |          |
|  |   |   | (ii) Personal  |                                    |                            |  |          |
|  |   |   |                |                                    |                            |  |          |
|  | <b>b</b> Less: rental expenses  | <b>6b</b>   |                |                                    |                            |  |          |
|  | <b>c</b> Rental income or (loss)  | <b>6c</b>   |                |                                    |                            |  |          |
|  | <b>d</b> Net rental income or (loss)  |   |                |                                    |                            |  |          |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>   | (i) Securities |                                    |                            |  |          |
|  |   |   | (ii) Other     |                                    |                            |  |          |
|  |   |   |                |                                    |                            |  |          |
|  | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>   |                |                                    |                            |  |          |
|  | <b>c</b> Gain or (loss)   | <b>7c</b>   |                |                                    |                            |  |          |
| <b>d</b> Net gain or (loss)  |   |   |                |                                    |                            |  |          |
| <b>8 a</b> Gross income from fundraising events (not including \$ 228,808. of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |   | 0.             |                                    |                            |  |          |
|  |   | <b>b</b> Less: direct expenses                        | <b>8b</b>      | 41,071.                            |                            |  |          |
|  |   | <b>c</b> Net income or (loss) from fundraising events |                |                                    | -41,071.                   |  | -41,071. |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19   | <b>9a</b>   |   |                |                                    |                            |  |          |
|  |   | <b>b</b> Less: direct expenses                        | <b>9b</b>      |                                    |                            |  |          |
|  |   | <b>c</b> Net income or (loss) from gaming activities  |                |                                    |                            |  |          |
| <b>10 a</b> Gross sales of inventory, less returns and allowances  | <b>10a</b>  |   |                |                                    |                            |  |          |
|  |   | <b>b</b> Less: cost of goods sold                     | <b>10b</b>     |                                    |                            |  |          |
|  |   | <b>c</b> Net income or (loss) from sales of inventory |                |                                    |                            |  |          |
| Miscellaneous Revenue  | <b>11 a</b> OTHER REVENUE   | <b>Business Code</b>                                  |                |                                    |                            |  |          |
|  |   | 900099  | 17,655.        | 17,655.                            |                            |  |          |
|  | <b>b</b>  |   |                |                                    |                            |  |          |
|  | <b>c</b>  |   |                |                                    |                            |  |          |
|  | <b>d</b> All other revenue  |   |                |                                    |                            |  |          |
| <b>e Total.</b> Add lines 11a-11d  |   |   | 17,655.        |                                    |                            |  |          |
| <b>12 Total revenue.</b> See instructions  |   |   | 13,148,528.    | 320,427.                           | 0.                         | -41,071.   |          |

**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 or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 124,500.              | 124,500.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 798,255.              | 654,569.                        | 79,825.                                | 63,861.                     |
| <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)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 7,155,379.            | 6,010,168.                      | 636,229.                               | 508,982.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 124,655.              | 102,423.                        | 12,351.                                | 9,881.                      |
| <b>9</b> Other employee benefits  | 701,810.              | 576,461.                        | 69,638.                                | 55,711.                     |
| <b>10</b> Payroll taxes   | 647,544.              | 531,861.                        | 64,269.                                | 51,414.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  | 7,959.                | 3,979.                          | 3,980.                                 |                             |
| <b>c</b> Accounting   | 45,772.               |                                 | 45,772.                                |                             |
| <b>d</b> Lobbying   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 351,029.              | 97,271.                         | 232,786.                               | 20,972.                     |
| <b>12</b> Advertising and promotion   | 29,997.               | 4,461.                          | 8,923.                                 | 16,613.                     |
| <b>13</b> Office expenses   | 29,016.               | 20,513.                         | 2,752.                                 | 5,751.                      |
| <b>14</b> Information technology  | 142,691.              | 117,007.                        | 15,696.                                | 9,988.                      |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | 740,273.              | 607,024.                        | 81,430.                                | 51,819.                     |
| <b>17</b> Travel  | 10,816.               | 8,869.                          | 1,190.                                 | 757.                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  |                       |                                 |  |                             |
| <b>20</b> Interest  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | 9,982.                |                                 | 9,982.                                 |                             |
| <b>23</b> Insurance   | 138,127.              | 113,264.                        | 24,863.                                |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> DIRECT PROGRAM EXPENSES  | 865,574.              | 865,574.                        |  |                             |
| <b>b</b> PROFESSIONAL DEVELOPMEN  | 716,321.              | 716,321.                        |  |                             |
| <b>c</b> COMUNICATIONS  | 116,853.              | 95,819.                         | 12,854.                                | 8,180.                      |
| <b>d</b> SERVICE AND OPERATING E  | 89,344.               |                                 | 67,776.                                | 21,568.                     |
| <b>e</b> All other expenses   | 32,865.               | 18,438.                         | 7,516.                                 | 6,911.                      |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 12,878,762.           | 10,668,522.                     | 1,377,832.                             | 832,408.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                    |                       |                                 |  |                             |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)   |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)                |             | (B)                |
|---|--|--------------------|-------------|--------------------|
|   |  | Beginning of year  |             | End of year        |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 6,633,409.         | <b>1</b>    | 5,687,795.         |
|   | <b>2</b> Savings and temporary cash investments .....  |                    | <b>2</b>    |                    |
|   | <b>3</b> Pledges and grants receivable, net .....  | 2,604,425.         | <b>3</b>    | 3,936,193.         |
|   | <b>4</b> Accounts receivable, net .....  | 87,648.            | <b>4</b>    | 189,618.           |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                    | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                    | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                    | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   |                    | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 105,903.           | <b>9</b>    | 168,819.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 97,357. |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 68,247. | 15,373.     | <b>10c</b> 29,110. |
|   | <b>11</b> Investments - publicly traded securities .....   |                    | <b>11</b>   |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                    | <b>12</b>   |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                    | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  |                    | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                    | <b>15</b>   |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 9,446,758.   | <b>16</b>          | 10,011,535. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 1,307,598.         | <b>17</b>   | 1,613,763.         |
|   | <b>18</b> Grants payable .....   |                    | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue .....   | 170,769.           | <b>19</b>   | 864,574.           |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                    | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                    | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                    | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                    | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 1,159,931.         | <b>24</b>   | 400,345.           |
|   | <b>25</b> 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 .....  | 129,829.           | <b>25</b>   | 184,456.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 2,768,127.         | <b>26</b>   | 3,063,138.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                    |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 1,817,289.         | <b>27</b>   | 1,200,637.         |
|   | <b>28</b> Net assets with donor restrictions .....   | 4,861,342.         | <b>28</b>   | 5,747,760.         |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                    |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                    | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                    | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                    | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 6,678,631.         | <b>32</b>   | 6,948,397.         |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 9,446,758.         | <b>33</b>   | 10,011,535.        |

Form 990 (2020)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 13,148,528. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 12,878,762. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 269,766.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 6,678,631.  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on 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 32, column (B)) | <b>10</b> | 6,948,397.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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 on 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 on 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   |    |

Form 990 (2020)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

AFTER-SCHOOL ALL-STARS

Employer identification number

95-4441208

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 12, 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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 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...
11 An organization organized and operated exclusively to test for public safety.
12 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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016    | (b) 2017    | (c) 2018    | (d) 2019    | (e) 2020    | (f) Total   |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 11,342,969. | 12,769,326. | 17,533,929. | 18,080,539. | 10,241,756. | 69,968,519. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |             |             |             |             |             |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 11,342,969. | 12,769,326. | 17,533,929. | 18,080,539. | 10,241,756. | 69,968,519. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |             |             |             |             |             | 9,444,343.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 60,524,176. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016    | (b) 2017    | (c) 2018    | (d) 2019    | (e) 2020    | (f) Total                |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 11,342,969. | 12,769,326. | 17,533,929. | 18,080,539. | 10,241,756. | 69,968,519.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  |             | 19.         |             |             |             | 19.                      |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |             |             | 1,795.      | 30,088.     | 17,655.     | 49,538.                  |
| <b>11 Total support.</b> Add lines 7 through 10   |             |             |             |             |             | 70,018,076.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |             |             |             |             | 12          | 3,375,838.               |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |             |             |             |             |             | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 86.44 %                             |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....  | <b>15</b> | 84.28 %                             |
| <b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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. Add lines 1 through 5; 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; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 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. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. 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 - 2019. 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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>   |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2020   |                                     |   |  |
| <b>a</b> From 2015   |                                     |   |  |
| <b>b</b> From 2016   |                                     |   |  |
| <b>c</b> From 2017   |                                     |   |  |
| <b>d</b> From 2018   |                                     |   |  |
| <b>e</b> From 2019   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2016  |                                     |   |  |
| <b>b</b> Excess from 2017  |                                     |   |  |
| <b>c</b> Excess from 2018  |                                     |   |  |
| <b>d</b> Excess from 2019  |                                     |   |  |
| <b>e</b> Excess from 2020  |                                     |   |  |

Schedule A (Form 990 or 990-EZ) 2020

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: AFTER-SCHOOL ALL-STARS; Employer identification number: 95-4441208

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Conservation Easements section containing multiple questions (1-9) about the purpose, details, and monitoring of conservation easements, including a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Part III section containing questions 1a, 1b, 2, and 3 regarding the reporting of art, historical treasures, and other similar assets.

**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 make 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 program
  - 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?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| 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 Term endowment \_\_\_\_\_%
- The percentages on 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 8,755.                          | 6,491.                       | 2,264.         |
| d Equipment  |                                      | 88,602.                         | 61,756.                      | 26,846.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 29,110.        |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) DEFERRED RENT LIABILITY   | 184,456.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 184,456.       |

2. Liability for uncertain tax positions. 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 FASB 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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |           |             |
|----------|--|-----------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 13,164,028. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |           |             |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 15,500.   |             |
| <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> | 15,500.     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 13,148,528. |
| <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> |           |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | 0.          |
| <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>  | 13,148,528. |

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |           |             |
|----------|---|-----------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 12,894,262. |
| <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> | 15,500.   |             |
| <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> |           |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> | 15,500.     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 12,878,762. |
| <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> | 0.          |
| <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>  | 12,878,762. |

**Part XIII Supplemental Information.**

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.

PART X, LINE 2:

THE ORGANIZATION IS A NON-PROFIT ENTITY EXEMPT FROM THE PAYMENT OF INCOME

TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE

AND TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS BEEN MADE

FOR INCOME TAXES. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS

ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL AUDIT OR

EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS

ARE REQUIRED. THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE U.S.

FEDERAL JURISDICTION, AND THE STATE OF CALIFORNIA. THE STATUTE OF

LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE

AND FOUR YEARS, RESPECTIVELY.

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2020**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

► **Go to www.irs.gov/Form990 for instructions and the latest information.**

|   |  |
|---|--|
| Name of the organization<br><b>AFTER-SCHOOL ALL-STARS</b> | Employer identification number<br>95-4441208 |
|---|--|

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|--|
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   |   |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events | (d) Total events                |          |
|-----------------|----|--|--------------|------------------|---------------------------------|----------|
|                 |    | VIRTUAL RISING STARS   | DC LIFT-OFF  | 23               | (add col. (a) through col. (c)) |          |
|                 |    | (event type)   | (event type) | (total number)   |                                 |          |
| Revenue         | 1  | Gross receipts   | 101,117.     | 50,983.          | 76,708.                         | 228,808. |
|                 | 2  | Less: Contributions  | 101,117.     | 50,983.          | 76,708.                         | 228,808. |
|                 | 3  | Gross income (line 1 minus line 2)                           |              |                  |                                 |          |
| Direct Expenses | 4  | Cash prizes  |              |                  |                                 |          |
|                 | 5  | Noncash prizes   |              |                  |                                 |          |
|                 | 6  | Rent/facility costs  |              |                  |                                 |          |
|                 | 7  | Food and beverages   |              |                  |                                 |          |
|                 | 8  | Entertainment  |              |                  |                                 |          |
|                 | 9  | Other direct expenses  | 11,537.      | 6,000.           | 23,534.                         | 41,071.  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |              |                  |                                 | 41,071.  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |              |                  |                                 | -41,071. |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

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Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

AFTER-SCHOOL ALL-STARS

Employer identification number  
95-4441208

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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            |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|---|
| AFTER SCHOOL ALL STARS LAS VEGAS<br>3720 HOWARD HUGHES PKWY<br>LAS VEGAS, NV 89169         | 88-0348811 | 501(C)(3)                       | 15,750.                  | 0.                                |   |  | PROVIDES TOP-QUALITY<br>AFTER-SCHOOL PROGRAMS |
| AFTER SCHOOL ALL STARS ORLANDO<br>400 S. ORANGE AVENUE, 9TH FLOOR<br>ORLANDO, FL 32801     | 59-3313614 | 501(C)(3)                       | 100,750.                 | 0.                                |   |  | PROVIDES TOP-QUALITY<br>AFTER-SCHOOL PROGRAMS |
| AFTER SCHOOL ALL STARS HAWAII<br>4747 KILAUEA AVENUE, SUITE 207<br>HONOLULU, HI 96816      | 27-4604870 | 501(C)(3)                       | 1,500.                   | 0.                                |   |  | PROVIDES TOP-QUALITY<br>AFTER-SCHOOL PROGRAMS |
| AFTER SCHOOL ALL STARS LOS ANGELES<br>9255 SUNSET BLVD, SUITE 500<br>LOS ANGELES, CA 90069 | 91-2162719 | 501(C)(3)                       | 2,250.                   | 0.                                |   |  | PROVIDES TOP-QUALITY<br>AFTER-SCHOOL PROGRAMS |
| AFTER SCHOOL ALL STARS FLORIDA<br>6915 NW 77 AVENUE<br>MIAMI, FL 33166                     | 65-0715767 | 501(C)(3)                       | 4,250.                   | 0.                                |   |  | PROVIDES TOP-QUALITY<br>AFTER-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

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

Schedule I (Form 990) 2020

**Part III**

**Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

WE MONITOR THE GRANTS THROUGH A TWO STEP PROCESS. FIRST WE ASK FOR A NARRATIVE OF THE PROGRAMS AND ACTIVITIES OCCURRING THROUGH THE COURSE OF THE YEAR, INCLUDED WITH THIS NARRATIVE THERE SHOULD BE A COPY OF THE PRIOR YEARS AUDIT AND FEDERAL TAX RETURN. SECOND INVOLVING SPECIFIC USE OF FUNDS WE REQUEST EXPENSE REPORTS THAT SHOW THE USE OF FUNDS AND FINANCIAL DOCUMENTS SUPPORTING THE REPORTED USED FUNDS. IN SOME CIRCUMSTANCES, MEMORANDUM OF UNDERSTANDINGS ARE WRITTEN TO FURTHER DEFINE THE GRANT TERMS AND GRANTEE DELIVERABLES



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**AFTER-SCHOOL ALL-STARS**

Employer identification number  
**95-4441208**

**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 on 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 (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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 checked="" 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</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>  |     |    |

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

Schedule J (Form 990) 2020

**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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|------------------------------------|--|-------------------------|---------------------------------|---|
|  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (iv) Other reportable compensation |  |                         |                                 |   |
| (1) BEN PAUL<br>CEO/PRESIDENT                                    | (i)  | 0.                                  | 413,394.                            | 0.                                 | 14,000.  | 11,075.                 | 438,469.                        | 0.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.                                 | 0.   | 0.                      | 0.                              | 0.  |
| (2) JENNIFER BERRY<br>COO  | (i)  | 0.                                  | 252,689.                            | 0.                                 | 13,068.  | 6,922.                  | 272,679.                        | 0.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.                                 | 0.   | 0.                      | 0.                              | 0.  |
| (3) ANDREA BAZAN<br>CHIEF DEVELOPMENT OFFICER                    | (i)  | 0.                                  | 218,494.                            | 0.                                 | 0.   | 7,543.                  | 226,037.                        | 0.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.                                 | 0.   | 0.                      | 0.                              | 0.  |
| (4) KATHY LALLY-BEARES<br>REGIONAL EXECUTIVE DIRECTOR, NORTHEAST | (i)  | 0.                                  | 154,907.                            | 0.                                 | 7,894.   | 7,243.                  | 170,044.                        | 0.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.                                 | 0.   | 0.                      | 0.                              | 0.  |
| (5) CARLOS SANTINI<br>EVP OF PROGRAMS                            | (i)  | 0.                                  | 160,359.                            | 0.                                 | 0.   | 7,551.                  | 167,910.                        | 0.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.                                 | 0.   | 0.                      | 0.                              | 0.  |
| (i)  |  |                                     |                                     |                                    |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |                                    |  |                         |                                 |   |
| (i)  |  |                                     |                                     |                                    |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |                                    |  |                         |                                 |   |
| (i)  |  |                                     |                                     |                                    |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |                                    |  |                         |                                 |   |
| (i)  |  |                                     |                                     |                                    |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |                                    |  |                         |                                 |   |
| (i)  |  |                                     |                                     |                                    |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |                                    |  |                         |                                 |   |
| (i)  |  |                                     |                                     |                                    |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |                                    |  |                         |                                 |   |
| (i)  |  |                                     |                                     |                                    |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |                                    |  |                         |                                 |   |



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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

AFTER-SCHOOL ALL-STARS

Employer identification number

95-4441208

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEM SUCCEED IN SCHOOL AND IN LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIFE.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN INDEPENDENT CPA, REVIEWED AND APPROVED BY

MANAGEMENT, AND REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. FOR FINAL

APPROVAL A COPY OF THE FORM 990 IS THEN SENT ELECTRONICALLY TO ALL BOARD

MEMBERS PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS.

A CONFLICT OF INTEREST DISCLOSURE STATEMENT INCLUDING A LIST OF MAJOR

VENDORS WITH WHOM THE ORGANIZATION TRANSACTED BUSINESS DURING THE PREVIOUS

YEAR IS FURNISHED ANNUALLY TO EACH DIRECTOR, OFFICER, AND MEMBER OF THE

EXECUTIVE STAFF OF THE ORGANIZATION. THE FORMS ARE REVIEWED AND SIGNED BY

EACH BOARD MEMBER WITH ANY CONFLICTS NOTED AND RETURNED TO THE STAFF MEMBER

WHO HANDLES BOARD AFFAIRS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS AND APPROVES NEW COMPENSATION OFFERINGS (INCLUDING SALARY

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

Schedule O (Form 990 or 990-EZ) 2020

|  |  |
|--|--|
| Name of the organization<br>AFTER-SCHOOL ALL-STARS | Employer identification number<br>95-4441208 |
|--|--|

AND BENEFITS) AND ANY CHANGES TO COMPENSATION FOR THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND TOP FINANCIAL MANAGEMENT EMPLOYEE. IN SO DOING, THE BOARD HAS DONE THREE THINGS TO ENSURE THE COMPENSATION IS REASONABLE (1) REVIEW HAS BEEN COMPLETED BY AN INDEPENDENT GROUP, WHICH INCLUDES BOARD MEMBERS (WHO RECEIVE NO COMPENSATION FROM ASAS), (2) THE REVIEW USES RELEVANT COMPARABILITY DATA, AND (3) RELEVANT COMPENSATION DECISIONS ARE DOCUMENTED IN OFFICIAL BOARD MEETING MINUTES. OTHER WAYS THE ORGANIZATION ESTABLISHES COMPENSATION IS BY A COMPENSATION COMMITTEE, COMPENSATION SURVEY OR STUDY, AND FROM COMPARISON TO OTHER SIMILAR NON-PROFIT ORGANIZATIONS' FORMS 990.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO EXECUTIVE STAFF AND THE BOARD OF DIRECTORS. UPON REQUEST FROM THE GENERAL PUBLIC, THE ORGANIZATION WILL PROVIDE ACCESS TO THESE DOCUMENTS AS REQUIRED BY LAW.

FORM 990 PART XII LINE 2C THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**  
Open to Public Inspection

Name of the organization

AFTER - SCHOOL ALL-STARS

Employer identification number  
95-4441208

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| AFTER SCHOOL ALL STARS LOS ANGELES - 91-2162719, 9255 SUNSET BLVD, SUITE 500, LOS ANGELES, CA 90069 | AFTER SCHOOL PROGRAMS   | CALIFORNIA                                       | 501(C)(3)                  | LINE 7  | NONE                             |  | X  |
| COLUMBUS AFTER SCHOOL ALL STARS - 31-1736272 263 CARPENTER STREET                                   | AFTER SCHOOL PROGRAMS   | OHIO   | 501(C)(3)                  | LINE 7  | NONE                             |  | X  |
| AFTER SCHOOL ALL STARS FLORIDA - 64-0715767 6915 NW 77 AVENUE                                       | AFTER SCHOOL PROGRAMS   | FLORIDA  | 501(C)(3)                  | LINE 7  | NONE                             |  | X  |
| MIAMI, FL 33166   |                         |  |                            |   |                                  |  |    |
| AFTER SCHOOL ALL STARS SAN ANTONIO - 20-1795564, 300 CONCENT, #2200, SAN ANTONIO, TX 78205          | AFTER SCHOOL PROGRAMS   | TEXAS  | 501(C)(3)                  | LINE 7  | NONE                             |  | X  |

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

Schedule R (Form 990) 2020

Part II Continuation of Identification of Related Tax-Exempt Organizations

Table with 7 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled organization? (Yes/No).

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  |                                     |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)                                 | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s)   |     | X  |
| <b>f</b> Dividends from related organization(s)  |     | X  |
| <b>g</b> Sale of assets to related organization(s)   |     | X  |
| <b>h</b> Purchase of assets from related organization(s)   |     | X  |
| <b>i</b> Exchange of assets with related organization(s)   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s)  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s)                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s)                                 |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners sec. 501(c)(3) orgs.? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Dispropor-tionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|---|----|------------------------------|------------------------------------|---------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes   | No |                              |                                    | Yes                                   | No |  | Yes                                 | No |                             |
|   |                         |  |  |   |    |                              |                                    |                                       |    |  |                                     |    |                             |
|   |                         |  |  |   |    |                              |                                    |                                       |    |  |                                     |    |                             |
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**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Area with horizontal lines for providing supplemental information.