# Form **990**

(Rev. January 2020)

**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

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 for instructions and the latest information.

| Α                         | For the                   | e 2019 caien                              | dar year, or tax year begin  | ning //U⊥   | , 2019, a                           | and ending            | 6/.              | 30                            | ,                     | 2020                                    |            |
|---------------------------|---------------------------|---|--|---|-------------------------------------|-----------------------|------------------|-------------------------------|-----------------------|---|------------|
| В                         | Check if                  | applicable:                               | С  |   |                                     |                       |                  | D Employ                      | er identif            | fication number                         |            |
|                           | Add                       | lress change                              | DALLAS AFTERSCHO   | OL  |                                     |                       |                  | 76-                           | 08389                 | 983                                     |            |
|                           | Nan                       | ne change                                 | 3900 WILLOW STRE   |   |                                     |                       |                  | E Telepho                     |                       |   |            |
|                           |                           | al return                                 | DALLAS, TX 75226   |   |                                     |                       |                  | (21                           | 4) 3C                 | 06-8400                                 |            |
|                           | -                         |   |  |   |                                     |                       |                  | (21                           | 1) 30                 | 70 0400                                 |            |
|                           |                           | return/terminated                         |  |   |                                     |                       |                  | <b>C</b> a                    | ٠. خ                  | . 0 107                                 | 004        |
|                           | $\vdash$                  | ended return                              | F  |   |                                     | luz                   | N 1- 41-1        | <b>G</b> Gross r              |                       |   |            |
|                           | App                       | lication pending                          |  | officer: CHRISTINA K  | . HANGEF                            | · ·                   | •                | a group retur                 |                       | 103                                     |            |
|                           |                           |   | SAME AS C ABOVE  |   |                                     | n(i                   | Are all<br>"No," | subordinates<br>attach a list | included<br>(see inst | ? Language Yes Yes                      | No         |
| I                         | Tax-ex                    | xempt status:                             | X 501(c)(3) 501(c) (   | ) ◀ (insert no.)  | 4947(a)(1) or                       | 527                   |                  |                               |                       |   |            |
| J                         | Web                       | site: ► WW                                | W.DALLASAFTERSCHO  | OOL.ORG   |                                     | H(d                   | Group            | exemption nu                  | ımber ►               |   |            |
| K                         | Form o                    | of organization:                          | X Corporation Trust  | Association Other ►   | LY                                  | ear of formation:     | 200              | 7 <b>M</b> s                  | State of le           | gal domicile: T                         | ζ          |
| Pa                        | art I                     | Summar                                    |  |   |                                     |                       |                  | · ·                           |                       |   |            |
|                           |                           |   | be the organization's missi  | ion or most significant ac  | tivities:DAT.                       | LAS AFTE              | RSCHO            | OOT. I.E.                     | VELS                  | THE PLAY                                | TNG        |
| _                         | 1                         |   | R CHILDREN OF ALI  |   |                                     |                       |                  |                               |                       |   |            |
| ည                         | 1 -                       |   | LABILITY OF AFTER  |   |                                     |                       |                  |                               |                       |   |            |
| nai                       | ĺ                         | DALLAS C                                  |  | MOCHOOL TIND DOTE   | <u> </u>                            | 4110 1 010            | <u> </u>         |                               | <u> </u>              | ODDINIO I                               |            |
| Ve                        | 2                         |   | ox ► if the organizatio  | n discontinued its operat   | ions or disno                       | sed of more           | than 2           | 5% of its                     | net ass               |   |            |
| မ္                        | 3 1                       |   | oting members of the gover   |   |                                     |                       |                  |                               | <b>3</b>              | , | 18         |
| ৽ধ                        | 4                         |   | dependent voting members   |   |                                     |                       |                  |                               | 4                     |   | 18         |
| <u>ie</u>                 | <b>5</b> T                |   | of individuals employed in   |   |                                     |                       |                  |                               | 5                     |   | 28         |
| Activities & Governance   | 6 T                       | Total number                              | of volunteers (estimate if   | necessary)  |                                     |                       |                  |                               | 6                     |   | 150        |
| Acı                       | <b>7</b> a ⊺              | Γotal unrelate                            | ed business revenue from I   | Part VIII, column (C), line   | e 12                                |                       |                  |                               | 7a                    |   | 0.         |
|                           | <b>b</b> N                | Net unrelated                             | d business taxable income  | from Form 990-T, line 39  | )                                   |                       |                  |                               | 7b                    |   | 0.         |
|                           |                           |   |  |   |                                     |                       | Р                | rior Year                     |                       | Current Y                               | ear        |
| _                         | 8 (                       | Contributions                             | and grants (Part VIII, line  | 1h)   |                                     |                       | 2                | ,399,1                        | 59.                   | 2,066                                   | 3,335.     |
| μe                        | 9 F                       | Program serv                              | vice revenue (Part VIII, line  | e 2g)   |                                     |                       |                  | 38,9                          |                       |   | ,275.      |
| Revenue                   |                           |   | ncome (Part VIII, column (A  |   |                                     |                       |                  | -12,4                         |                       |   | 278.       |
| æ                         |                           |   | e (Part VIII, column (A), lir  | ·   |                                     | _                     |                  |                               | 08.                   | 17                                      | 7,314.     |
|                           |                           |   | e – add lines 8 through 11   |   | •                                   |                       | 2                | ,431,2                        |                       | 2,120                                   | •          |
|                           | 13 (                      | Grants and s                              | imilar amounts paid (Part I  | X, column (A), lines 1-3)   |                                     |                       |                  | 50,0                          |                       |   | ,000.      |
|                           |                           |   | to or for members (Part I)   |   |                                     | <u> </u>              |                  | 0070                          |                       |   | 7000.      |
|                           |                           |   | er compensation, employee  |   |                                     | L                     | 1                | ,158,3                        | 200                   | 1 201                                   | ,091.      |
| es                        | 10 5                      |   |  |   |                                     | -                     |                  | ,130,3                        | 009.                  | 1,291                                   | , 091.     |
| Expenses                  | 16a F                     |   | fundraising fees (Part IX, o   |   |                                     | -                     |                  |                               |                       |   |            |
| ×                         | b∃                        | Fotal fundrais                            | sing expenses (Part IX, col  | lumn (D), line 25) ►  | 27                                  | 9,880.                |                  |                               |                       |   |            |
| ш                         | 17 (                      | Other expens                              | ses (Part IX, column (A), lii  | nes 11a-11d, 11f-24e)   |                                     |                       |                  | 890,5                         | 47.                   | 765                                     | ,938.      |
|                           | 18 ⊺                      | Total expens                              | es. Add lines 13-17 (must  | equal Part IX, column (A)   | ), line 25)                         |                       | 2                | ,098,8                        |                       |   | ,029.      |
|                           |                           |   | expenses. Subtract line 1  |   |                                     | <u> </u>              |                  | 332,3                         |                       |   | 3,173.     |
| - 69<br>6 6               |                           |   |  |   |                                     |                       | Reginnin         | g of Currer                   |                       | End of Y                                | •          |
| anc an                    | <b>20</b> T               | Total assets                              | (Part X, line 16)  |   |                                     | _                     |                  | ,050,4                        |                       |   | 787.       |
| Net Assets<br>Fund Balanc | <b>21</b> T               |   | s (Part X, line 26)  |   |                                     |                       |                  | 105,7                         |                       |   | ,949.      |
| et.                       | <b>22</b> N               | Not accets or                             | fund balances. Subtract li   | no 21 from lino 20  |                                     | -                     |                  |                               |                       |   |            |
| 2 <u>E</u>                |                           |   |  | THE ZT HOTH HITE ZU   |                                     |                       |                  | 944,6                         | 065.                  | 957                                     | ,838.      |
|                           | art II                    | Signatur                                  |  |   |                                     |                       |                  |                               |                       |   |            |
| Unde                      | er penaltie<br>plete. Dec | es of perjury, I de<br>claration of prepa | eclare that I have examined this returner (other than officer) is based on | urn, including accompanying sche<br>all information of which preparer | dules and statem<br>has any knowled | nents, and to the ae. | best of m        | y knowledge                   | and belie             | ef, it is true, correc                  | t, and:    |
|                           |                           |   |  |   |                                     |                       |                  |                               |                       |   |            |
| ٠.                        |                           | Signatu                                   | ire of officer   |   |                                     |                       | Da               | to                            |                       |   |            |
| Sig                       | gn                        |   |  |   |                                     |                       |                  | ic                            |                       |   |            |
| He                        | ere                       |   | ISTINA K. HANGER   |   |                                     |                       | CEO              |                               |                       |   |            |
|                           |                           | ,,  | print name and title   |   |                                     | T                     | 1                | -                             |                       |   |            |
|                           |                           | Print/Type p                              | preparer's name  | Preparer's signature  |                                     | Date                  |                  | Check                         | if F                  | PTIN                                    |            |
| Pa                        | id                        | AMY M                                     | ICHIE  |   |                                     |                       |                  | self-employ                   | ed [                  | P00956657                               | <u>/</u> _ |
| Pro                       | eparei                    | Firm's name                               | ► SUTTON FROST   | CARY LLP  |                                     |                       |                  |                               |                       |   |            |
| Us                        | e Only                    | y Firm's addre                            |  |   | <br>J                               |                       |                  | Firm's EIN                    | <b>75-</b>            | 2593210                                 |            |
|                           | •                         |   |  | X 76011   |                                     |                       |                  | Phone no.                     | (817                  |   | 83         |
| Ma                        | y the IR                  | RS discuss th                             | nis return with the preparer   |   | ructions)                           |                       |                  |                               |                       | X Yes                                   | No         |
|                           | ,                         |   |  |   |                                     |                       |                  |                               |                       |   |            |

| Par        | : III <u> </u> | Statement of Program Service Accomplishments   |                | 37          |
|------------|----------------|--|----------------|-------------|
|            | D : (          | Check if Schedule O contains a response or note to any line in this Part III                                       |                | X           |
|            |                | ly describe the organization's mission:  |                |             |
|            | <u>SEE</u>     | SCHEDULE O   |                |             |
|            |                |  |                |             |
|            |                |  |                |             |
|            |                |  |                |             |
|            |                | ne organization undertake any significant program services during the year which were not listed on the prior      |                |             |
|            |                |  | X Yes          | No          |
|            | If "Ye         | es," describe these new services on Schedule O.  |                |             |
| 3          | Did tl         | he organization cease conducting, or make significant changes in how it conducts, any program services?            | Yes X          | No          |
|            | If "Ye         | es," describe these changes on Schedule O.   |                |             |
|            |                | ribe the organization's program service accomplishments for each of its three largest program services, as meas    | sured by expe  | nses.       |
|            | Secti          | ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t | he total expen | ises,       |
|            | and r          | revenue, if any, for each program service reported.  |                |             |
|            |                |  |                |             |
| 4 a        | (Code          | e: ) (Expenses \$ 1,714,251. including grants of \$ 50,000.) (Revenue \$   | 48,6           | 10.)        |
|            | DAL            | LLAS AFTERSCHOOL ENSURES THAT LOW-INCOME STUDENTS HAVE ACCESS TO SAFE A  | AND ENRICE     | HING        |
|            |                | ERSCHOOL EXPERIENCES BY PROVIDING AFTERSCHOOL AND SUMMER PROGRAMS WITH   |                |             |
|            |                | AINING, PROGRAM RESOURCES AND SUPPORT. OUR GOAL IS TO HELP LOCAL SITES   |                |             |
|            |                | TIONAL QUALITY STANDARDS, AS ONLY HIGH QUALITY AFTERSCHOOL PROGRAMS CHA  |                | FNT         |
|            |                | VES. CHILDREN WHO ATTEND AVERAGE OR LOW QUALITY PROGRAMS SHOW NO DIFFER  |                | <u> </u>    |
|            |                |  |                |             |
|            |                | ADEMIC, SOCIAL OR EMOTIONAL OUTCOMES THAN CHILDREN WHO ARE UNSUPERVISED  |                |             |
|            |                | ERSCHOOL. TODAY, DAS SUPPORTS 150 FREE AFTERSCHOOL SITES SERVING MORE  |                |             |
|            |                | <u> 2TH GRADE STUDENTS IN DALLAS COUNTY. OUR CLIENTS RANGE FROM NATIONAL C</u>                                     |                | <u>IONS</u> |
|            |                | KE THE YMCA TO SCHOOL BASED PROGRAMS LIKE BIG THOUGHT AND DALLAS PARKS   |                |             |
|            | REC            | REATION, TO LOCAL PROGRAMS SUCH AS READERS 2 LEADERS AND JUBILEE PARK.   |                |             |
|            |                |  |                |             |
|            |                |  |                |             |
| 4 b        | (Code          | e: ) (Expenses \$ including grants of \$ ) (Revenue \$   |                | )           |
|            |                |  |                |             |
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|            |                |  |                |             |
| <b>4</b> c | (Code          | e: ) (Expenses \$ including grants of \$ ) (Revenue \$   |                | )           |
|            | (Oou           | / (Lotoride 4 ) (Notoride 4 )  |                |             |
|            |                |  |                |             |
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|            |                |  | . – – – – –    |             |
| A -1       | Otha           | r program convince (Deceribe on Schodule O.)   |                |             |
| 4 d        |                | r program services (Describe on Schedule O.)   |                |             |
| A -        |                | enses \$ including grants of \$ ) (Revenue \$  | )              |             |
| 40         | TOTAL          | COMMISSION SERVICE EXPENSES   1 / 1 / 1 / 5  |                |             |

# Form 990 (2019) DALLAS AFTERSCHOOL Part IV Checklist of Required Schedules

|      |  |      | Yes | No |
|------|--|------|-----|----|
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A  | 1    | X   |    |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2    | Χ   |    |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i> .  | 3    |     | Х  |
| 4    | <b>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>   | 4    | Х   |    |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III  | 5    |     | Χ  |
| 6    | 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? If 'Yes,' complete Schedule D, Part I   | 6    |     | Х  |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>  | 7    |     | Х  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.   | 8    |     | Х  |
| 9    | 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? If 'Yes,' complete Schedule D, Part IV.            | 9    |     | Х  |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V   | 10   |     | Х  |
| 11   | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.   |      |     |    |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  | 11 a | Х   |    |
| t    | Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.  | 11 b |     | Х  |
| c    | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII   | 11 c |     | Х  |
| C    | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.   | 11 d | Χ   |    |
| e    | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  | 11 e |     | X  |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>   | 11 f | Х   |    |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII   | 12a  | Χ   |    |
| t    | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b  |     | Х  |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  | 13   |     | X  |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |     | X  |
| t    | 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? If 'Yes,' complete Schedule F, Parts I and IV. | 14b  |     | Х  |
| 15   | 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? If 'Yes,' complete Schedule F, Parts II and IV.  | 15   |     | X  |
| 16   | 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>  | 16   |     | X  |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).   | 17   |     | X  |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.  | 18   |     | X  |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  | 19   |     | Х  |
| 20a  | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H  | 20a  |     | Х  |
| b    | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b  |     |    |
| 21   | 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? If 'Yes,' complete Schedule I, Parts I and II.   | 21   | Χ   |    |

# Form 990 (2019) DALLAS AFTERSCHOOL Part IV Checklist of Required Schedules (continued)

|     |   |      | Yes   | No   |
|-----|---|------|-------|------|
| 22  | 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? If 'Yes,' complete Schedule I, Parts I and III   | 22   |       | X    |
| 23  | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .   | 23   |       | Х    |
| 24  | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a  | 24a  |       | Х    |
| ı   | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |       |      |
|     | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c  |       |      |
|     | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d  |       |      |
| 25  | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  | 25a  |       | Х    |
| !   | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I   | 25b  |       | Х    |
| 26  | 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>   | 26   |       | Х    |
| 27  | 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? If 'Yes,' complete Schedule L, Part III. | 27   |       | Х    |
|     | 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):  |      |       |      |
| i   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV  | 28a  |       | Х    |
| ļ   | <b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.   | 28b  |       | Χ    |
| •   | c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.   | 28c  |       | Х    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29   |       | X    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>   | 30   |       | Х    |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31   |       | Х    |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.   | 32   |       | Х    |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>   | 33   |       | Х    |
| 34  | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34   |       | Х    |
| 35  | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |       | X    |
|     | 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)? If 'Yes,' complete Schedule R, Part V, line 2   | 35b  |       |      |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>  | 36   |       | Х    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI   | 37   |       | Х    |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O   | 38   | Х     |      |
| Pa  | rt 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 |
|     | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |      | 162   | 140  |
|     | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |      |       |      |
|     | (gambling) winnings to prize winners?   | 1 c  |       |      |
| R۸۸ | TEEA0104L 07/31/19  | Form | aan ( | 2010 |

# Form 990 (2019) DALLAS AFTERSCHOOL Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|      |  |     | Yes | No |
|------|--|-----|-----|----|
| 2 8  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 28  |     |     |    |
| ŀ    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | X   |    |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |     |     |    |
|      | a Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3 a |     | X  |
| ŀ    | olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>  | 3 b |     |    |
| 4 8  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a |     | Х  |
| ŀ    | olf 'Yes,' enter the name of the foreign country►  |     |     |    |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |    |
|      | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5 a |     | X  |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5 b |     | X  |
| (    | : If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   | 5 c |     |    |
| 6 a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6 a |     | Х  |
| ŀ    | olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6 b |     |    |
| 7    | Organizations that may receive deductible contributions under section 170(c).  |     |     |    |
| á    | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7 a |     | X  |
| ŀ    | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  | 7 b |     |    |
|      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7 c |     | Х  |
|      | If 'Yes,' indicate the number of Forms 8282 filed during the year  |     |     |    |
|      | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7 e |     | Х  |
|      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7 f |     | Х  |
|      | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7 g |     |    |
| ŀ    | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7 h |     |    |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring  |     |     |    |
|      | organization have excess business holdings at any time during the year?  | 8   |     |    |
|      | Sponsoring organizations maintaining donor advised funds.  |     |     |    |
|      | a Did the sponsoring organization make any taxable distributions under section 4966?   | 9 a |     |    |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9 b |     |    |
|      | Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12   |     |     |    |
|      | a Initiation fees and capital contributions included on Part VIII, line 12   |     |     |    |
|      | Section 501(c)(12) organizations. Enter:   |     |     |    |
|      | a Gross income from members or shareholders  |     |     |    |
|      | Gross income from other sources (Do not net amounts due or paid to other sources   |     |     |    |
|      | against amounts due or received from them.)  | 12a |     |    |
|      | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b  | 124 |     |    |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |    |
|      | s the organization licensed to issue gualified health plans in more than one state?  | 13a |     |    |
|      | Note: See the instructions for additional information the organization must report on Schedule O.  |     |     |    |
| ł    | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |     |    |
|      | Enter the amount of reserves on hand   |     |     |    |
| 14 a | a Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | Х  |
| ŀ    | olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O   | 14b |     |    |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15  |     | Х  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16  |     | Х  |
| 10   | If 'Yes,' complete Form 4720, Schedule O.  | 10  |     |    |

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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 18 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. **b** Enter the number of voting members included on line 1a, above, who are independent.... 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... Χ 2 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?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. ..... 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **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?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow NONE 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

DALLAS TX 75226 (214) 306-8400

WILLIAM PEEPLES 3900 WILLOW STREET #110

# 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

- 1 a 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.

|                                   |   | (C)                               |                       |                        |              |                                 |        |  |   |   |
|-----------------------------------|---|-----------------------------------|-----------------------|------------------------|--------------|---------------------------------|--------|--|---|---|
| (A)<br>Name and title             | (B)<br>Average<br>hours<br>per                                      | thar                              | one<br>both<br>dire   | box,<br>an o<br>ector/ | unles        | •                               | ion    | (D)  Reportable compensation from the organization | (E)  Reportable compensation from related organizations | <b>(F)</b> Estimated amount of other                                  |
|                                   | week (list any hours for related organiza- tions below dotted line) | Individual trustee<br>or director | Institutional trustee | Officer                | Key employee | Highest compensated<br>employee | Former | (W-2/1099-MISC)                                    | (W-2/1099-MISC)   | compensation from<br>the organization<br>and related<br>organizations |
| (1) CHRISTINA K. HANGER           | <u>40</u>   |                                   |                       | 77                     |              |                                 |        | 116 207  | 0   | 0 (33   |
| CEO                               | 0   |                                   |                       | Χ                      |              |                                 |        | 116,397.   | 0.  | 8,633.  |
| (2) SARAH ELLIOTT  VP DEVELOPMENT | <u>40</u>   |                                   |                       |                        |              | Χ                               |        | 118,324.   | 0.  | 3,628.  |
|                                   | 1   | Х                                 |                       |                        |              |                                 |        | 0.   | 0.  | 0.  |
| (4) TRE BLACK                     | 1   |                                   |                       |                        |              |                                 |        |  |   |   |
| DIRECTOR                          | 0   | Х                                 |                       |                        |              |                                 |        | 0.   | 0.  | 0.  |
| (5) ELLEN MILLER                  | 1   |                                   |                       |                        |              |                                 |        |  |   |   |
| DIRECTOR                          | 0   | Х                                 |                       |                        |              |                                 |        | 0.   | 0.  | 0.  |
| (6) KRISTI ERICKSON               | 1   |                                   |                       |                        |              |                                 |        |  |   |   |
| DIRECTOR                          | 0   | Х                                 |                       |                        |              |                                 |        | 0.   | 0.  | 0.  |
| (7) MICHAEL GAGNE                 | 2   |                                   |                       |                        |              |                                 |        |  |   |   |
| CHAIRMAN                          | 0   | Х                                 |                       | Χ                      |              |                                 |        | 0.   | 0.  | 0.  |
| (8) EVA HEVRON                    | 2   |                                   |                       |                        |              |                                 |        |  |   |   |
| TREASURER                         | 0   | Χ                                 |                       | Χ                      |              |                                 |        | 0.   | 0.  | 0.  |
| (9) MARISSA CASTRO MIKOY          | _ 1   |                                   |                       |                        |              |                                 |        |  |   |   |
| DIRECTOR                          | 0   | Χ                                 |                       |                        |              |                                 |        | 0.   | 0.  | 0.  |
| (10) TERRY CONNER                 | 2   |                                   |                       |                        |              |                                 |        |  |   |   |
| VICE CHAIRMAN                     | 0   | X                                 |                       | Χ                      |              |                                 |        | 0.   | 0.  | 0.  |
| (11) JANET MOCKOVCIAK             | 1   |                                   |                       |                        |              |                                 |        |  |   |   |
| DIRECTOR                          | 0   | X                                 |                       |                        |              |                                 |        | 0.   | 0.  | 0.  |
| (12) ANNE WICKS                   | 1   |                                   |                       |                        |              |                                 |        |  |   |   |
| DIRECTOR                          | 0   | Χ                                 |                       |                        |              |                                 |        | 0.   | 0.  | 0.  |
| (13) TRILLION SMALL               | 11  |                                   |                       |                        |              |                                 |        | _  | _   | _   |
| DIRECTOR                          | 0   | Χ                                 |                       |                        |              |                                 |        | 0.   | 0.  | 0.  |
| (14) JOHN HILL                    | 11  | ļ ,,                              |                       |                        |              |                                 |        | _  | •   | •   |
| DIRECTOR                          | 0   | X                                 |                       |                        |              |                                 |        | 0.   | 0.  | 0.  |

|   | (B)                        |                                  |                      | (0                  |                    |                                 |              |  |   |                  |                            |
|---|----------------------------|----------------------------------|----------------------|---------------------|--------------------|---------------------------------|--------------|--|---|------------------|----------------------------|
| (A) Name and title  | Average<br>hours<br>per    | box                              | , unle               | heck<br>ss pe       | erson<br>direct    | e than<br>is both<br>or/trus    | h an<br>tee) | (D)  Reportable compensation from          | <b>(E)</b> Reportable compensation from   |                  | (F) ated amount f other    |
|   | week<br>(list any<br>hours | or di                            | Instit               | Officer             | Key                | Highest compensated<br>employee | Form         | the organization<br>(W-2/1099-MISC)        | related organizations<br>(W-2/1099-MISC)  | comper<br>the or | nsation from<br>ganization |
|   | for related organiza       | ndividual trustee<br>or director | nstitutional trustee | <u>ल</u>            | Key employee       | est co<br>loyee                 | ner          |  |   |                  | related<br>inizations      |
|   | - tions<br>below<br>dotted | truste                           | al trus              |                     | уее                | mpen                            |              |  |   |                  |                            |
|   | line)                      | 8                                | itee                 |                     |                    | sated                           |              |  |   |                  |                            |
| (15) BILL MORRISON  | 1                          |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| DIRECTOR  | 0                          | Х                                |                      |                     |                    |                                 |              | 0.   | 0.  |                  | 0.                         |
| (16) MARIA CRAMER   | 1                          | v                                |                      |                     |                    |                                 |              | 0  | 0   |                  | 0                          |
| DIRECTOR (17) NICOLE JOLLY  | 1                          | X                                |                      |                     |                    |                                 |              | 0.   | 0.  |                  | 0.                         |
| DIRECTOR  |                            | Х                                |                      |                     |                    |                                 |              | 0.   | 0.  |                  | 0.                         |
| (18) JJ PONCE   | 1                          |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| DIRECTOR  | 0                          | Х                                |                      |                     |                    |                                 |              | 0.   | 0.  |                  | 0.                         |
| (19) DAVID RUSSELL  | 2                          |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| SECRETARY  (20) TO SMITH  | 0                          | Х                                |                      | X                   |                    |                                 |              | 0.   | 0.  |                  | 0.                         |
| <u>(20)</u> <u>JO SMITH</u><br>DIRECTOR   | $-\frac{1}{0}$             | Х                                |                      |                     |                    |                                 |              | 0.   | 0.  |                  | 0.                         |
| (21)  |                            | 71                               |                      |                     |                    |                                 |              | 0.   | 0.  |                  | 0.                         |
|   |                            |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| (22)  |                            |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| (23)  |                            |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| (24)  |                            |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| (05)  |                            |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| (25)  |                            |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| 1 b Subtotal  |                            |                                  |                      |                     |                    |                                 | <b>&gt;</b>  | 234,721.                                   | 0.  |                  | 12,261.                    |
| c Total from continuation sheets to Part VII, Secti   | on A                       |                                  |                      |                     |                    |                                 | <b>&gt;</b>  | 0.   | 0.  |                  | 0.                         |
| d Total (add lines 1b and 1c)   |                            |                                  |                      |                     |                    |                                 | <b>&gt;</b>  | 234,721.                                   | 0.  |                  | 12,261.                    |
| <ul><li>2 Total number of individuals (including but not limited from the organization ► 2</li></ul>        | i to those i               | istea                            | abov                 | ve) v               | NUO                | recer                           | vea          | more than \$100,00                         | u of reportable comp                      | ensation         | 1                          |
| Tom the organization Z  |                            |                                  |                      |                     |                    |                                 |              |  |   |                  | Yes No                     |
| 3 Did the organization list any <b>former</b> officer, direct   | tor, truste                | e, ke                            | ev er                | npla                | ovee               | e, or                           | higl         | nest compensated                           | employee                                  |                  |                            |
| on line 1a? If 'Yes,' complete Schedule J for suc   | h individu                 | aĺ                               |                      | • • •               |                    |                                 |              |  |   | . 3              | X                          |
| 4 For any individual listed on line 1a, is the sum of<br>the organization and related organizations greated | f reportab<br>er than \$1  | le co<br>50,0                    | mpe<br>00?           | nsa<br>If '}        | tion<br>es.        | and<br>com                      | oth          | er compensation te Schedule J for          | from                                      |                  |                            |
| such individual   |                            |                                  |                      |                     |                    |                                 |              |  |   | . 4              | X                          |
| 5 Did any person listed on line 1a receive or accru<br>for services rendered to the organization? If 'Yes   | e comper<br>s,' comple     | isatio<br>te So                  | n fro<br>ched        | om :<br>lule        | any<br><i>J fo</i> | unre<br>r suc                   | late<br>h p  | ed organization or<br>erson                | individual                                | . 5              | Х                          |
| Section B. Independent Contractors  |                            |                                  | -l 4                 |                     |                    | -1                              | 11           | 1 1 I                                      | ¢100 000 -f                               |                  |                            |
| 1 Complete this table for your five highest compen<br>compensation from the organization. Report comper     | sated indi<br>sation for   | epen<br>the c                    | dent<br>alen         | cor<br>dar <u>y</u> | ntra<br>year       | ctors<br>endi                   | tha<br>ng v  | it received more the vith or within the or | nan \$100,000 of<br>ganization's tax year |                  |                            |
| (A) Name and business address  (B) Description of services  |                            |                                  |                      |                     |                    |                                 | of services  | Compe                                      | c)<br>nsation                             |                  |                            |
| STRATEGIC FOCUS 5057 KELLER SPRINGS ROAD ADDISON, TX 75001 STAFFING SERVICES                                |                            |                                  |                      |                     |                    |                                 |              | ICES                                       | 2   | 56,211.          |                            |
|   |                            |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
|   |                            |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
|   |                            |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| 2 Total number of independent contractors (including l  | out not lim                | ited to                          | o tha                | se I                | isted              | d abo                           | ve)          | who received more                          | than                                      |                  |                            |
| \$100,000 of compensation from the organization   |                            |                                  |                      |                     |                    |                                 |              |  |   |                  |                            |
| DAA   |                            |                                  |                      |                     |                    |                                 |              |  |   |                  | 000 (2010)                 |

|   |                  | Check if Schedule O contains a response or note to a   | any line in this Part V | ΊΙ <b>Ι</b>                            |   |  |
|---|------------------|--|-------------------------|--|---|--|
|   |                  |  | Total revenue           | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b<br>c<br>d<br>e | Federated campaigns  |                         |  |   |  |
| intribut<br>d Othei                                       | g                | similar amounts not included above 1f 1,830,541  Noncash contributions included in lines 1a-1f |                         |  |   |  |
| ᇍ   | h                | Total. Add lines 1a-1f   | 2,066,335.              |  |   |  |
|   |                  | Business Code  |                         |  |   |  |
| E-  | 2a               | CLIENT FEES 900099   | 35,500.                 | 35,500.                                |   |  |
| Program Service Revenue                                   | b<br>c           |  | 775.                    | 775.                                   |   |  |
| n Serv  | d                |  |                         |  |   |  |
| Ľau   | f                | All other program service revenue  |                         |  |   |  |
| <u>S</u>  |                  | Total. Add lines 2a-2f   | <b>▶</b> 26 275         |  |   |  |
| п.  |                  | Investment income (including dividends, interest, and  | 36,275.                 |  |   |  |
|   | 3                | other similar amounts)   | <u>▶</u> 278.           |  |   | 278.   |
|   | 5                | Royalties  | •                       |  |   |  |
|   |                  | (i) Real (ii) Personal   |                         |  |   |  |
|   | 6 a              | Gross rents 6a   |                         |  |   |  |
|   | b                | Less: rental expenses 6b   |                         |  |   |  |
|   | С                | Rental income or (loss) 6c   |                         |  |   |  |
|   | d                | Net rental income or (loss)  | <b>•</b>                |  |   |  |
|   | 7 a              | Gross amount from (i) Securities (ii) Other  |                         |  |   |  |
|   | , u              | sales of assets  |                         |  |   |  |
|   | b                | other than inventory Less: cost or other basis and sales expenses 7b                           |                         |  |   |  |
|   | С                | Gain or (loss) 7c  |                         |  |   |  |
|   | d                | Net gain or (loss)   | <b>&gt;</b>             |  |   |  |
| nue   | 8 a              | Gross income from fundraising events (not including \$   |                         |  |   |  |
| Other Reven   |                  | of contributions reported on line 1c).   |                         |  |   |  |
| ď   |                  | See Part IV, line 18 8a  |                         |  |   |  |
| ब्र   | b                | Less: direct expenses 8b   |                         |  |   |  |
| 중   | С                | Net income or (loss) from fundraising events   | •                       |  |   |  |
|   | 9 a              | Gross income from gaming activities. See Part IV, line 19                                      |                         |  |   |  |
|   | b                | Less: direct expenses 9 b  |                         |  |   |  |
|   | С                | Net income or (loss) from gaming activities  | <b>&gt;</b>             |  |   |  |
|   | 10 a             | Gross sales of inventory, less returns and allowances 10a 20, 117                              |                         |  |   |  |
|   | b                | Less: cost of goods sold <b>10b</b> 7,782  |                         |  |   |  |
|   | С                | Net income or (loss) from sales of inventory   | 12,335.                 | 12,335.                                |   |  |
| Z.  |                  | Business Code  |                         |  |   |  |
| Miscellaneous<br>Revenue                                  | 11 a             | MISCELLANEOUS 900099   | 4,979.                  | 4,979.                                 |   |  |
| ᇎᆲ  | b                |  |                         |  |   |  |
| scellaneo<br>Revenue                                      | С                |  |                         |  |   |  |
| <u>정</u> 조  | ~                | All other revenue  |                         |  |   |  |
| Σ   | е                | Total. Add lines 11a-11d   | <b>▶</b> 4,979.         |  |   |  |
| _   | 12               | Total revenue. See instructions  | 2.120.202               | 53.589.                                | 0                                       | 278  |

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).

| Do  | Check if Schedule O contains a re  | (A)            | (B)                      | (C)                             | (D)                  |
|-----|--|----------------|--------------------------|---------------------------------|----------------------|
| 6b, | 7b, 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 50,000.        | 50,000.                  |                                 |                      |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22  | ,              | ,                        |                                 |                      |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                |                          |                                 |                      |
| 4   | Benefits paid to or for members  |                |                          |                                 |                      |
| 5   | Compensation of current officers, directors, trustees, and key employees   | 139,957.       | 97,970.                  | 13,996.                         | 27,991.              |
| 6   | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.             | 0.                       | 0.                              | 0.                   |
| 7   | Other salaries and wages   | 943,928.       | 745,442.                 | 30,386.                         | 168,100.             |
| -   | Pension plan accruals and contributions  | 743,720.       | 745,442.                 | 30,300.                         | 100,100.             |
| 8   | (include section 401(k) and 403(b) employer contributions)   | 18,345.        | 12,610.                  | 889.                            | 4,846.               |
| 9   | Other employee benefits  | 99,974.        | 87,662.                  | 1,201.                          | 11,111.              |
| 10  | Payroll taxes  | 88,887.        | 69,815.                  | 3,466.                          | 15,606.              |
| 11  | Fees for services (nonemployees):  | 00,007.        | 03,013.                  | 3,400.                          | 13,000.              |
|     | Management   |                |                          |                                 |                      |
|     | b Legal  | 2,976.         | 432.                     | 2,544.                          |                      |
|     | Accounting   | 36,300.        | 432.                     | 36,300.                         |                      |
|     | Lobbying.  | 30,300.        |                          | 30,300.                         |                      |
|     | Professional fundraising services. See Part IV, line 17  |                |                          |                                 |                      |
|     | Investment management fees   |                |                          |                                 |                      |
|     | Other. (If line 11g amount exceeds 10% of line 25, column  |                |                          |                                 |                      |
|     | (A) amount, list line 11g expenses on Schedule O.)   | 71,556.        | 53,335.                  | 9,797.                          | 8,424.               |
| 12  | Advertising and promotion  | 24,583.        | 19,444.                  | 3,227.                          | 1,912.               |
| 13  | Office expenses  | 26,998.        | 17,922.                  | 738.                            | 8,338.               |
| 14  | Information technology   | 16,564.        | 13,476.                  | 490.                            | 2,598.               |
| 15  | Royalties  |                |                          |                                 |                      |
| 16  | Occupancy  | 104,866.       | 87,038.                  | 4,552.                          | 13,276.              |
| 17  | Travel   | 22,865.        | 22,610.                  | 193.                            | 62.                  |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                |                          |                                 |                      |
| 19  | Conferences, conventions, and meetings   |                |                          |                                 |                      |
| 20  | Interest   |                |                          |                                 |                      |
| 21  | Payments to affiliates   |                |                          |                                 |                      |
| 22  | Depreciation, depletion, and amortization  | 32,549.        | 27,016.                  | 976.                            | 4,557.               |
| 23  | Insurance  | 9,519.         | 6,387.                   | 2,086.                          | 1,046.               |
| 24  | 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.)                  |                |                          | ,                               | ,                    |
| á   | CLIENT SERVICES  | 226,356.       | 226,356.                 |                                 |                      |
| _   | PROGRAM MATERIALS  | 91,067.        | 91,067.                  |                                 |                      |
|     | STUDENT SUPPORT  | 47,117.        | 47,117.                  |                                 |                      |
|     | COMMUNICATIONS   | 22,330.        | 18,763.                  | 984.                            | 2,583.               |
|     | All other expenses   | 30,292.        | 19,789.                  | 1,073.                          | 9,430.               |
| 25  | Total functional expenses. Add lines 1 through 24e   | 2,107,029.     | 1,714,251.               | 112,898.                        | 279,880.             |
| 26  | 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 ► ☐ if following SOP 98-2 (ASC 958-720) |                |                          |                                 | ,                    |

| 1  |                  |
|--|------------------|
| 2 Savings and temporary cash investments.  | (B)<br>d of year |
| 3 Pledges and grants receivable, net. 493,800. 3 4 Accounts receivable, net. 22,840. 4 5 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. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net. 7 8 Inventories for sale or use. 8 8 Prepaid expenses and deferred charges. 8, 639. 9 9 Prepaid expenses and deferred charges. 8, 639. 9  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10b 226, 540. 58, 583. 10c 11 Investments – publicly traded securities. 11 12 Investments – other securities. See Part IV, line 11. 12 13 Investments – program-related. See Part IV, line 11. 13 14 Intangible assets. 14 15 Other assets. See Part IV, line 11. 13 16 Total assets. See Part IV, line 11. 21, 200. 15 17 Accounts payable and accrued expenses. 105, 791. 17 18 Grants payable and accrued expenses. 105, 791. 17 19 Grants payable and accrued expenses. 105, 791. 17 10 Tatal assets. Add lines 1 through 15 (must equal line 33). 1, 050, 456. 16 17 Accounts payable and accrued expenses. 105, 791. 17 18 Grants payable and accrued expenses. 105, 791. 17 20 Tax-exempt bond liabilities. 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 23 Secured mortgages and notes payable to unrelated third parties. 24 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25. 105, 791. 26   | 189,255.         |
| 4 Accounts receivable, net   | 282,614.         |
| 5 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 (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).  7 Notes and loans receivable, net.  8 Inventories for sale or use.  9 Prepaid expenses and deferred charges.  9 Prepaid expenses and deferred charges.  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.  11 Investments – publicity traded securities.  12 Investments – other securities. See Part IV, line 11.  13 Investments – program-related. See Part IV, line 11.  14 Intangible assets.  14 Intangible assets.  14 Other assets. See Part IV, line 11.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  1, 050, 456. 16  17 Accounts payable and accrued expenses.  105, 791. 17  18 Grants payable  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payable 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.  22 Secured mortgages and notes payable to unrelated third parties.  23 Secured mortgages and notes payable to unrelated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  25 Other liabilities not including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D.  27 Total liabilities not included on lines 17-24). Complete Part X of Schedule D.  28 Organizations | 282,500.         |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net.  8 Inventories for sale or use.  9 Prepaid expenses and deferred charges.  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.  11 Investments – publicly traded securities.  12 Investments – ptogram-related. See Part IV, line 11.  13 Investments – program-related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  18 Grants payable  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other receivables from other disqualities and other liabilities (including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties, and other liabilities. Including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25.  10 Total liabilities. Add lines 17 through 25.  | 10,500.          |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net.  8 Inventories for sale or use.  9 Prepaid expenses and deferred charges.  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.  11 Investments – publicly traded securities.  12 Investments – ptogram-related. See Part IV, line 11.  13 Investments – program-related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  18 Grants payable  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other receivables from other disqualities and other liabilities (including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties, and other liabilities. Including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25.  10 Total liabilities. Add lines 17 through 25.  |                  |
| 7 Notes and loans receivable, net  |                  |
| 8 Inventories for sale or use  |                  |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.  b Less: accumulated depreciation.  11 Investments – publicly traded securities.  11 Investments – other securities. See Part IV, line 11.  12 Investments – program-related. See Part IV, line 11.  13 Investments – program-related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 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.  22 Unsecured notes and loans payable to unrelated third parties.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Total liabilities. Add lines 17 through 25.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow FASB ASC 958, check here ►   |                  |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.  b Less: accumulated depreciation.  11 Investments – publicly traded securities.  11 Investments – other securities. See Part IV, line 11.  12 Investments – program-related. See Part IV, line 11.  13 Investments – program-related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 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.  22 Unsecured notes and loans payable to unrelated third parties.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Total liabilities. Add lines 17 through 25.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow FASB ASC 958, check here ►   | <u> </u>         |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.  b Less: accumulated depreciation.  11 Investments – publicly traded securities.  11 Investments – other securities. See Part IV, line 11.  12 Investments – program-related. See Part IV, line 11.  13 Investments – program-related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 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.  22 Unsecured notes and loans payable to unrelated third parties.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Total liabilities. Add lines 17 through 25.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow FASB ASC 958, check here ►   | 69,909.          |
| 11 Investments – publicly traded securities.  12 Investments – other securities. See Part IV, line 11.  13 Investments – program-related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  18 Grants payable.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 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.  22 Unsecured notes and loans payable to unrelated third parties.  23 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow FASB ASC 958, check here Fig.   |                  |
| 12   Investments - other securities. See Part IV, line 11   13   14   Intangible assets.   14   15   Other assets. See Part IV, line 11   21,200. 15   16   Total assets. Add lines 1 through 15 (must equal line 33)   1,050,456. 16   17   Accounts payable and accrued expenses   105,791. 17   18   Grants payable   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   Escrow or custodial account liability. Complete Part IV of Schedule D.   21   22   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   22   23   24   Unsecured notes and loans payable to unrelated third parties   23   24   25   26   Total liabilities. Add lines 17 through 25   105,791. 26   26   Organizations that follow FASB ASC 958, check here   X   X   X   X   X   X   X   X   X  | 63,209.          |
| 13 Investments – program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable and accrued expenses. 19 Deferred revenue. 19 Tax-exempt bond liabilities. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 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. 22 Unsecured notes and loans payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow FASB ASC 958, check here ► X  |                  |
| 14 Intangible assets.  |                  |
| 15 Other assets. See Part IV, line 11. 21,200. 15  16 Total assets. Add lines 1 through 15 (must equal line 33). 1,050,456. 16  17 Accounts payable and accrued expenses 105,791. 17  18 Grants payable 19 Deferred revenue 19  20 Tax-exempt bond liabilities 20  21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21  22 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 22  23 Secured mortgages and notes payable to unrelated third parties 23  24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25. 105,791. 26  26 Total liabilities. Add lines 17 through 25. 105,791. 26  |                  |
| 16 Total assets. Add lines 1 through 15 (must equal line 33). 1,050,456. 16  17 Accounts payable and accrued expenses. 105,791. 17  18 Grants payable. 18  19 Deferred revenue. 19  20 Tax-exempt bond liabilities. 20  21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21  22 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. 22  23 Secured mortgages and notes payable to unrelated third parties. 23  24 Unsecured notes and loans payable to unrelated third parties, and 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. 25  26 Total liabilities. Add lines 17 through 25. 105,791. 26   |                  |
| 17 Accounts payable and accrued expenses   | 72,800.          |
| 18 Grants payable  | 970,787.         |
| 19 Deferred revenue  | 12,949.          |
| 20 Tax-exempt bond liabilities   |                  |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D   |                  |
| 23 Secured mortgages and notes payable to unrelated third parties  |                  |
| 23 Secured mortgages and notes payable to unrelated third parties  |                  |
| 23 Secured mortgages and notes payable to unrelated third parties  |                  |
| 24 Unsecured notes and loans payable to unrelated third parties  |                  |
| 26 Total liabilities. Add lines 17 through 25  |                  |
| 26 Total liabilities. Add lines 17 through 25  |                  |
| Ø Organizations that follow FASB ASC 958, check here ► X   | 12,949.          |
| and complete lines 27, 28, 32, and 33.  7 Net assets without donor restrictions.  8 Net assets with donor restrictions.  9 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  9 Capital stock or trust principal, or current funds.  9 Capital stock or trust principal, or current funds.  9 29   | ĺ                |
| 27 Net assets without donor restrictions 199, 827, 27  28 Net assets with donor restrictions 744, 838. 28  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 29   |                  |
| Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.   | 526,730.         |
| Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.   | 431,108.         |
| 29 Capital stock or trust principal, or current funds  |                  |
| (n)  |                  |
| 30 Paid-in or capital surplus, or land, building, or equipment fund  |                  |
| 31 Retained earnings, endowment, accumulated income, or other funds  |                  |
| 32 Total net assets or fund balances   | 957,838.         |
| 33 Total liabilities and net assets/fund balances. 1,050,456. 33   | 970,787.         |

| Pa  | rt XI Reconciliation of Net Assets   |         |    |   |        |  |  |
|-----|--|---------|----|---|--------|--|--|
|     | Check if Schedule O contains a response or note to any line in this Part XI.   |         |    |   |        |  |  |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1       | 2, | 120,  | 202.   |  |  |
| 2   | Total expenses (must equal Part IX, column (A), line 25).  | 2       | 2, | 107,  | 029.   |  |  |
| 3   | Revenue less expenses. Subtract line 2 from line 1   | 3       |    | 13,   | 173.   |  |  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4       |    | 944,  | 665.   |  |  |
| 5   | Net unrealized gains (losses) on investments   | 5       |    |   |        |  |  |
| 6   | Donated services and use of facilities   | 6       |    |   |        |  |  |
| 7   | Investment expenses  | 7       |    |   |        |  |  |
| 8   | Prior period adjustments   | 8       |    | 2,120,202.<br>2,107,029.<br>13,173.<br>944,665. |        |  |  |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)   | 9       |    | 957,838.  |        |  |  |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   | 10      |    | 957.  | 838.   |  |  |
| Pa  | rt XII   Financial Statements and Reporting  |         |    | ,   |        |  |  |
|     | Check if Schedule O contains a response or note to any line in this Part XII   |         |    |   | П      |  |  |
|     | officers in outleading a constaints a response of mote to any line in this rail Air.   |         |    |   |        |  |  |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other   |         |    | 103   | 110    |  |  |
| -   |  |         | _  |   |        |  |  |
|     | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  |         |    |   |        |  |  |
| 2   | a Were the organization's financial statements compiled or reviewed by an independent accountant?  |         | 2  | а   | X      |  |  |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis | ed on a |    |   |        |  |  |
|     |  |         |    |   |        |  |  |
|     | <b>b</b> Were the organization's financial statements audited by an independent accountant?  |         |    | D A   |        |  |  |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:   | te      |    |   |        |  |  |
|     | X 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?             |         | 2  | c X   |        |  |  |
|     | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |         |    |   |        |  |  |
| 3   | a 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?   |         | 3  | а   | Х      |  |  |
| 1   | <b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits          |         | 3  | b   |        |  |  |
| BAA | TEEA0112L 01/21/20   |         | Fo | rm <b>990</b>                                   | (2019) |  |  |

### **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

2019

Open to Public Inspection

| Name | of the   | eorganization   |  |   |   |                     | Employer ide                              | entifica | ition numbe                  | er                                 |
|------|--|---|--|---|---|---------------------|---|----------|------------------------------|------------------------------------|
| DAI  | LA.  | S AFTERSCHOOL   |  | 76-083  | 898                                       | 3                   |   |          |                              |                                    |
| Par  | t I  | Reason for Public Cha   | rity Status (All or                            | rganizations must o   | omple                                     | te this             | part.) See ins                            | truct    | tions.                       |                                    |
| The  | orga   | nization is not a private found   | lation because it is: (                        | For lines 1 through 12,   | check o                                   | nly one             | box.)                                     |          |                              |                                    |
| 1    |  | A church, convention of church  | es, or association of ch                       | nurches described in sect   | ion 1 <b>70</b> (                         | b)(1)(A)(           | i).                                       |          |                              |                                    |
| 2    |  | A school described in section 1   | <b>70(b)(1)(A)(ii).</b> (Attach                | Schedule E (Form 990 or   | 990-EZ)                                   | .)                  |   |          |                              |                                    |
| 3    |  | A hospital or a cooperative h   | ospital service organi                         | ization described in sec  | tion 170                                  | )(b)(1)(A           | ۸)(iii).                                  |          |                              |                                    |
| 4    |  | A medical research organiza   | tion operated in conju                         | unction with a hospital of  | describe                                  | d in <b>sec</b>     | tion 170(b)(1)(A)(i                       | iii). Ei | nter the                     | hospital's                         |
|      |  | name, city, and state:  |  | •   |   |                     |   | ·        |                              | ·                                  |
| 5    |  | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   |  |   |   |                     |   |          |                              |                                    |
| 6    |  | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  |  |   |   |                     |   |          |                              |                                    |
| 7    | X  | An organization that normally r in section 170(b)(1)(A)(vi).  | eceives a substantial p<br>Complete Part II.)  | art of its support from a   | governm                                   | ental un            | it or from the genera                     | al pub   | olic descri                  | bed                                |
| 8    |  | A community trust described   | in section 170(b)(1)(                          | A)(vi). (Complete Part I  | l.)                                       |                     |   |          |                              |                                    |
| 9    |  | An agricultural research organi   | zation described in <b>sec</b>                 | tion 170(b)(1)(A)(ix) opera   | ated in c                                 | onjunctio           | on with a land-grant                      | colle    | ge                           |                                    |
| -    | Ш  | or university or a non-land-gran  |  |   |   |                     |   |          |                              |                                    |
|      |  | university:   |  |   |   |                     |   |          |                              |                                    |
| 10   |  | An organization that normally r<br>from activities related to its e<br>investment income and unre<br>June 30, 1975. See section 9   | exempt functions—sub<br>lated business taxable | oject to certain exception<br>e income (less section                          | ns, and                                   | (2) no i            | more than 33-1/3%                         | 6 of it  | ts suppoi                    | rt from gross                      |
| 11   |  | An organization organized ar  | nd operated exclusive                          | ely to test for public safe   | ety. See                                  | section             | 1 509(a)(4).                              |          |                              |                                    |
| 12   |  | An organization organized ar  | nd operated exclusive                          | ely for the benefit of, to  | perform                                   | the fun             | ictions of, or to ca                      | rrv oı   | ut the pu                    | rposes of one                      |
|      |  | or more publicly supported o  | rganizations describe                          | d in <b>section 509(a)(1)</b> d   | r sectio                                  | n 509(a             | )(2). See section 5                       | 509(a)   | <b>(3).</b> Che              | ck the box in                      |
| а    |  | lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported |  |   |   |                     |   |          |                              |                                    |
| •    |  | organization(s) the power to re complete Part IV, Sections A  | gularly appoint or elect                       | a majority of the director  | s or trus                                 | tees of t           | the supporting organ                      | nizatio  | on. <b>You m</b>             | nust                               |
| b    | 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). You must complete Part IV, Sections A and C. |   |  |   |   |                     |   |          |                              |                                    |
| c    |  | Type III functionally integrated organization(s) (see instruction   | . A supporting organizat                       | ion operated in connection  | n with, ar                                | nd function         | onally integrated with                    | h, its s | supported                    |                                    |
| c    |  | Type III non-functionally integrated. The of  | rated. A supporting org                        | anization operated in cor   | nection                                   | with its s          | supported organizat                       | ion(s)   | that is n                    | ot                                 |
|      |  | instructions). You must com   | plete Part IV, Section                         | s A and D, and Part V.  |   |                     |   |          | ·                            | •                                  |
| e    | ш  | Check this box if the organiz integrated, or Type III non-fu  | nctionally integrated:                         | supporting organization   |   |                     |   | , Туре   | e III func <sup>.</sup><br>T | tionally                           |
| f    |  | iter the number of supported of   | •  |   |   |                     |   |          |                              |                                    |
| Ç    |  | ovide the following information   |  |   |   |                     | 1   |          |                              |                                    |
|      | (i) Na   | me of supported organization  | (ii) EIN                                       | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) I<br>organizat<br>in your g<br>docur | ion listed overning | (v) Amount of mone support (see instructi |          | ` '                          | amount of other (see instructions) |
|      |  |   |  |   | Yes                                       | No                  |   |          |                              |                                    |
|      |  |   |  |   |   | _                   |   |          |                              |                                    |
| (A)  |  |   |  |   |   |                     |   |          |                              |                                    |
| (B)  |  |   |  |   |   |                     |   |          |                              |                                    |
| (C)  |  |   |  |   |   |                     |   |          |                              |                                    |
|      |  |   |  |   |   |                     |   |          |                              |                                    |
| (D)  |  |   |  |   |   |                     |   |          |                              |                                    |
| (E)  |  |   |  |   |   |                     |   |          |                              |                                    |
| Tota | ı  |   |  |   |   |                     |   |          |                              |                                    |

# 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 |  |                                |                       |                       |                       |                       |                        |  |  |
|---------------------------|--|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|--|--|
| begi                      | ndar year (or fiscal year<br>nning in) ►   | <b>(a)</b> 2015                | <b>(b)</b> 2016       | <b>(c)</b> 2017       | <b>(d)</b> 2018       | <b>(e)</b> 2019       | <b>(f)</b> Total       |  |  |
| 1                         | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')   | 854,129.                       | 1,473,207.            | 1,667,166.            | 2,399,159.            | 2,066,335.            | 8,459,996.             |  |  |
| 2                         | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |                                |                       |                       |                       |                       | 0.                     |  |  |
| 3                         | The value of services or facilities furnished by a governmental unit to the organization without charge  |                                |                       |                       |                       |                       | 0.                     |  |  |
|                           | Total. Add lines 1 through 3 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)   | 854,129.                       | 1,473,207.            | 1,667,166.            | 2,399,159.            | 2,066,335.            | 8,459,996.<br>908,171. |  |  |
| 6                         | Public support. Subtract line 5 from line 4  |                                |                       |                       |                       |                       | 7,551,825.             |  |  |
| Sec                       | tion B. Total Support  |                                |                       |                       |                       |                       | , ,                    |  |  |
| Cale<br>begi              | ndar year (or fiscal year<br>nning in) ►   | <b>(a)</b> 2015                | <b>(b)</b> 2016       | <b>(c)</b> 2017       | <b>(d)</b> 2018       | <b>(e)</b> 2019       | <b>(f)</b> Total       |  |  |
| 7                         | Amounts from line 4  | 854,129.                       | 1,473,207.            | 1,667,166.            | 2,399,159.            | 2,066,335.            | 8,459,996.             |  |  |
| 8                         | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 2,147.                         | 2,132.                | 347.                  | 343.                  | 278.                  | 5,247.                 |  |  |
| 9                         | Net income from unrelated business activities, whether or not the business is regularly carried on   |                                |                       | 0 2 1 2               |                       |                       | 0.                     |  |  |
| 10                        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI  | 3,353.                         | 259.                  | 2,349.                | 2,214.                | 4,979.                | 13,154.                |  |  |
| 11                        | Total support. Add lines 7 through 10  |                                |                       |                       |                       |                       | 8,478,397.             |  |  |
| 12                        | Gross receipts from related activ  | ities, etc. (see ins           | structions)           |                       |                       |                       | 265,483.               |  |  |
| 13                        | <b>First five years.</b> If the Form 990 is organization, check this box and   | for the organization stop here | n's first, second, th | ird, fourth, or fifth | tax year as a section | on 501(c)(3)          | ▶ □                    |  |  |
| Sec                       | tion C. Computation of Pul   | olic Support P                 | ercentage             |                       |                       |                       |                        |  |  |
|                           | Public support percentage for 20 Public support percentage from 2  |                                |                       |                       |                       |                       | 89.07 %                |  |  |
|                           | 33-1/3% support test—2019. If the  | ne organization di             | id not check the b    | oox on line 13. an    | d line 14 is 33-1/3   | <br>3% or more, checl | 87.82 % this box       |  |  |
| b                         | and stop here. The organization qualifies as a publicly supported organization.  b 33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  |                                |                       |                       |                       |                       |                        |  |  |
| 17a                       | 7a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization     |                                |                       |                       |                       |                       |                        |  |  |
|                           | b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization |                                |                       |                       |                       |                       |                        |  |  |

76-0838983

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.)

| Sec    | tion A. Public Support   |                         |   | ,                    |                      |                     |                        |
|--------|--|-------------------------|---|----------------------|----------------------|---------------------|------------------------|
| Calend | dar year (or fiscal year beginning in) >   | (a) 2015                | <b>(b)</b> 2016                         | <b>(c)</b> 2017      | <b>(d)</b> 2018      | <b>(e)</b> 2019     | (f) Total              |
|        | Gifts, grants, contributions,<br>and membership fees<br>received. (Do not include<br>any 'unusual grants.')  |                         |   |                      |                      |                     |                        |
|        | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                         |   |                      |                      |                     |                        |
| 3      | Gross receipts from activities that are not an unrelated trade or business under section 513.  |                         |   |                      |                      |                     |                        |
| 4      | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                         |   |                      |                      |                     |                        |
| 5      | The value of services or facilities furnished by a governmental unit to the organization without charge  |                         |   |                      |                      |                     |                        |
|        | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons   |                         |   |                      |                      |                     |                        |
| b      | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          |                         |   |                      |                      |                     |                        |
| С      | Add lines 7a and 7b  |                         |   |                      |                      |                     |                        |
|        | Public support. (Subtract line 7c from line 6.)  |                         |   |                      |                      |                     |                        |
| Sec    | tion B. Total Support  |                         |   |                      |                      |                     |                        |
|        | dar year (or fiscal year beginning in) 🟲   | <b>(a)</b> 2015         | <b>(b)</b> 2016                         | <b>(c)</b> 2017      | <b>(d)</b> 2018      | <b>(e)</b> 2019     | <b>(f)</b> Total       |
|        | Amounts from line 6  |                         |   |                      |                      |                     |                        |
| 10a    | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | l                       |   |                      |                      |                     |                        |
|        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                         |   |                      |                      |                     |                        |
| 11     | Add lines 10a and 10b.  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.)  | 1                       |   |                      |                      |                     | •                      |
|        | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                         |   |                      |                      |                     |                        |
|        | First five years. If the Form 990 organization, check this box and   | stop here               |   | nd, third, fourth, o | or fifth tax year as | a section 501(c)(3) | <sup>1</sup> ▶ <u></u> |
|        | tion C. Computation of Pul   |                         |   |                      |                      | 1 1                 |                        |
|        | Public support percentage for 20   | •                       | • |                      | •                    |                     | %                      |
|        | Public support percentage from 2   |                         |   |                      |                      | 16                  | %                      |
| Sec    | tion D. Computation of Inv   |                         |   |                      |                      |                     |                        |
| 17     | Investment income percentage for   | · ·                     | • • •                                   | -                    |                      |                     | 00                     |
| 18     | Investment income percentage f   |                         |   |                      |                      |                     | 0/0                    |
|        | <b>33-1/3% support tests—2019.</b> If t is not more than 33-1/3%, check <b>33.1/3%</b> support tests— <b>2018</b> 164  | this box and <b>sto</b> | <b>p here.</b> The organ                | ization qualifies    | as a publicly supp   | orted organization. |                        |
| b      | <b>33-1/3% support tests—2018.</b> If the line 18 is not more than 33-1/3%   |                         |   |                      |                      |                     |                        |
| 20     | Private foundation. If the organiz   |                         | -                                       |                      |                      |                     | _                      |

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

|     |   |              | Yes | No |
|-----|---|--------------|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1            |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was  |              |     |    |
| 2-  | described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)  | 2            |     |    |
|     | and (c) below.  | 3a           |     |    |
| 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)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.   | 3b           |     |    |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c           |     |    |
| 4a  | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.   | 4a           |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b           |     |    |
| c   | 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)? If 'Yes,' explain in <b>Part VI</b> 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.   | 4c           |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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). | 5a           |     |    |
| b   | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b           |     |    |
| С   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c           |     |    |
| 6   | 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>  | 6            |     |    |
| 7   | 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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).   | 7            |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).   | 8            |     |    |
| 9a  | 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))? If 'Yes,' provide detail in <b>Part VI</b> .  | 9a           |     |    |
| 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? If 'Yes,' provide detail in <b>Part VI</b> .   | 9b           |     |    |
| c   | 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? If 'Yes,' provide detail in <b>Part VI</b> .  | 9с           |     |    |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.   | 10a          |     |    |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 1 <b>0</b> b |     |    |

| Pa   | art IV   Supporting Organizations (continued)  |        |    |
|------|--|--------|----|
| -1-1 | Les the ergenization eccented a gift or contribution from any of the following persons?  | Yes    | No |
| 11   | 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 (b) and (c) below, the   |        |    |
|      | governing body of a supported organization?  |        |    |
|      | <b>b</b> A family member of a person described in (a) above?   |        |    |
|      | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI.</b>   |        |    |
| Se   | ection B. Type I Supporting Organizations  |        | ı  |
|      | 71 11 3 3  | Yes    | No |
| 1    | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |        |    |
| 2    | applied to such powers during the tax year.  2 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? 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.   |        |    |
| Se   | ection C. Type II Supporting Organizations   |        |    |
|      |  | Yes    | No |
| 1    | 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)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  |        |    |
| Se   | ection D. All Type III Supporting Organizations  |        |    |
|      |  | Yes    | No |
| 1    | 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?   |        |    |
| 2    | 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? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |        |    |
| 3    | By reason of the relationship described in (2), 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? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  3   |        |    |
| Se   | ection E. Type III Functionally Integrated Supporting Organizations  |        |    |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |        |    |
|      | a The organization satisfied the Activities Test. Complete line 2 below.   |        |    |
|      | <b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |        |    |
|      |  | -4:\   |    |
|      | c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc   | zuons) |    |
| 2    | 2 Activities Test. Answer (a) and (b) below.   | Yes    | No |
|      | a 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? If 'Yes,' then in <b>Part VI identify those supported organizations and explain</b> 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.   |        |    |
|      | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.   |        |    |
| 3    | Parent of Supported Organizations. Answer (a) and (b) below.   |        |    |
|      | a 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>Provide details in Part VI.</i> 3a   |        |    |
|      | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.  3b   |        |    |

| Sche                             | edule A (Form 990 or 990-EZ) 2019 DALLAS AFTERSCHOOL   |                | 76-08:   | 38983                              | Page     |
|----------------------------------|--|----------------|--|------------------------------------|----------|
| Pai                              | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org   | janizat        | tions  |                                    |          |
| 1                                | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization                                  | ist on No      | ov. 20, 1970 (explain in<br>st complete Sections A | Part VI). <b>See</b><br>through E. | )        |
| Sec                              | tion A — Adjusted Net Income   | (A) Prior Year | (B) Currer<br>(optior                              |                                    |          |
| 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                                | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8              |  |                                    |          |
| Section B — Minimum Asset Amount |  |                | (A) Prior Year                                     | (B) Currer<br>(optior              |          |
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for shortax year or assets held for part of year):  | t              |  |                                    |          |
| a                                | Average monthly value of securities  | 1a             |  |                                    |          |
| ŀ                                | Average monthly cash balances  | 1b             |  |                                    |          |
| (                                | Fair market value of other non-exempt-use assets   | 1c             |  |                                    |          |
| -                                | Total (add lines 1a, 1b, and 1c)   | 1d             |  |                                    |          |
| •                                | Discount 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 1-1/2% 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 .035.   | 6              |  |                                    |          |
| _ 7                              | Recoveries of prior-year distributions   | 7              |  |                                    |          |
| 8                                | Minimum Asset Amount (add line 7 to line 6)  | 8              |  |                                    |          |
| Sec                              | tion C — Distributable Amount  |                |  | Current                            | Year     |
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1              |  |                                    |          |
| 2                                | Enter 85% of line 1.   | 2              |  |                                    | <u> </u> |
| 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              |  |                                    |          |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A | (Form 990 or 990-EZ) 2019 | DALLAS AFTERSCHOOL                 | 76-0                         |
|------------|---------------------------|------------------------------------|------------------------------|
| Part V     | Type III Non-Function     | ally Integrated 509(a)(3) Supporti | ng Organizations (continued) |

| rai | Type in Non-1 directionally integrated 303(a)(3) Supporting Organizations (continued)  | /            |
|-----|--|--------------|
| Sec | tion D - Distributions   | Current Year |
| 1   | Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| 3   | Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4   | Amounts paid to acquire exempt-use assets  |              |
| 5   | Qualified set-aside amounts (prior IRS approval required)  |              |
| 6   | Other distributions (describe in Part VI). See instructions.   |              |
| 7   | <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8   | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| 9   | Distributable amount for 2019 from Section C, line 6   |              |
| 10  | Line 8 amount divided by line 9 amount   |              |

| Section E — Distribution Allocations (see instructions)   | Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                         |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.   |                         |  |   |
| 3 Excess distributions carryover, if any, to 2019   |                         |  |   |
| <b>a</b> From 2014  |                         |  |   |
| <b>b</b> From 2015  |                         |  |   |
| <b>c</b> From 2016  |                         |  |   |
| <b>d</b> From 2017  |                         |  |   |
| <b>e</b> From 2018  |                         |  |   |
| f Total of lines 3a through e   |                         |  |   |
| g Applied to underdistributions of prior years  |                         |  |   |
| h Applied to 2019 distributable amount  |                         |  |   |
| i Carryover from 2014 not applied (see instructions)  |                         |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                         |  |   |
| 4 Distributions for 2019 from Section D, line 7: \$   |                         |  |   |
| a Applied to underdistributions of prior years  |                         |  |   |
| <b>b</b> Applied to 2019 distributable amount   |                         |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                         |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>zero, explain in Part VI. See instructions. |                         |  |   |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                       |                         |  |   |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c.  |                         |  |   |
| 8 Breakdown of line 7:  |                         |  |   |
| a Excess from 2015  |                         |  |   |
| <b>b</b> Excess from 2016   |                         |  |   |
| c Excess from 2017  |                         |  |   |
| d Excess from 2018  |                         |  |   |
| <b>e</b> Excess from 2019   |                         |  |   |

BAA

Schedule A (Form 990 or 990-EZ) 2019

76-0838983

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.)

## PART II, LINE 10 - OTHER INCOME

| NATURE AND SOURCE |       |          | 2019             |                 | 2018             |                 | 2017             |          | 2016         |                 | 2015             |
|-------------------|-------|----------|------------------|-----------------|------------------|-----------------|------------------|----------|--------------|-----------------|------------------|
| OTHER             | TOTAL | \$<br>\$ | 4,979.<br>4,979. | <u>\$</u><br>\$ | 2,214.<br>2,214. | <u>\$</u><br>\$ | 2,349.<br>2,349. | \$<br>\$ | 259.<br>259. | <u>\$</u><br>\$ | 3,353.<br>3,353. |

## Schedule B

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

Department of the Treasury Internal Revenue Service

# PUBLIC DISCLOSURE COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2019

| DALLAS     | AFTERSCHOOL  |  | 76-0838983   |  |  |  |
|------------|--|--|--|--|--|--|
| Organizat  | Organization type (check one):   |  |  |  |  |  |
| Filers of: |  | Section:   |  |  |  |  |
| Form 990   | or 990-EZ  | X 501(c)( 3 ) (enter number) organization  |  |  |  |  |
|            |  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   | on   |  |  |  |
| Form 990   | -PF  | 527 political organization   |  |  |  |  |
|            |  | 501(c)(3) exempt private foundation  |  |  |  |  |
|            |  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |
|            |  | 501(c)(3) taxable private foundation   |  |  |  |  |
| ,          | y a section 501(c)(7)  | ered by the <b>General Rule</b> or a <b>Special Rule.</b><br>, (8), or (10) organization can check boxes for both the General Rule and a S   | pecial Rule. See instructions.   |  |  |  |
| General n  | tule   |  |  |  |  |  |
|            |  | ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributions for determining a contribution of the contributions are contributed in the contribution of the contribution                  |  |  |  |  |
| Special R  | ules   |  |  |  |  |  |
| 71         | under sections 509(a) received from any or                                 | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3%(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin ne contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  | e 13, 16a, or 16b, and that  |  |  |  |
|            | during the year, tota  | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recell contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.  |  |  |  |  |
|            | during the year, cont<br>\$1,000. If this box is<br>charitable, etc., purp | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recent tributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such concluded, enter here the total contributions that were received during the year loose. Don't complete any of the parts unless the <b>General Rule</b> applies to this <i>sively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the second sec | tributions totaled more than<br>r for an <i>exclusively</i> religious,<br>organization because |  |  |  |
|            |  | isn't covered by the General Rule and/or the Special Rules doesn't file Sched<br>No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9   |  |  |  |  |

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

1

Name of organization

DALLAS AFTERSCHOOL

76-0838983

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Χ **Payroll** 315,876. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 2\_ **Payroll** 131,000. Noncash (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person 3\_ **Payroll** 175,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person 4\_ **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total (b) Name, address, and ZIP + 4 contributions Χ Person 5 **Payroll** 186,640. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total (b) Name, address, and ZIP + 4 contributions Person 6 **Payroll** 44,769. Noncash (Complete Part II for noncash contributions.)

DALLAS AFTERSCHOOL

Employer identification number

76-0838983

| Part I      | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed.               |   |
|-------------|---|-------------------------------|---|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| 7           |   | \$ <u>133,000</u> .           | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| 8           |   | \$ <u>70,000.</u>             | Person X Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| 9           |   | \$ <u>311,250.</u>            | Person X Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| 10_         |   | \$45,000.                     | Person X  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| <u>11</u> _ |   | \$215,000.                    | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|             |   | \$                            | Person Payroll Noncash  (Complete Part II for noncash contributions.)     |

Employer identification number

Name of organization DALLAS AFTERSCHOOL

76-0838983

| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional sp | pace is needed.                                 |                      |
|---------------------------|---|---|----------------------|
| (a) No.<br>from<br>Part I | (b) Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           | 37 /3   |   |                      |

| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
|                           | N/A  | ė   |                      |
|                           | 4)   | 7   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | Ś   |                      |
| _                         |  | <u> </u>  |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  |   |                      |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  |   |                      |
|                           |  | \$<br>  |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           | <u></u>                                    |   |                      |
|                           |  | \$  |                      |

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

BAA

| DALLAS                    | AFTERSCHOOL                |   | 76-0838983  |
|---------------------------|----------------------------|---|---|
| Part III                  |                            | ne year from any one contribute<br>ompleting Part III, enter the total of<br>(Enter this information once. See in | ations described in section 501(c)(7), (8), or. Complete columns (a) through (e) and exclusively religious, charitable, etc., |
| (a)<br>No. from<br>Part I | (b) Purpose of gift        | (c)<br>Use of gift  | (d)<br>Description of how gift is held  |
| Farti                     | N/A                        |   |   |
|                           |                            |   |   |
|                           | Transferee's name, address | (e)<br>Transfer of gift<br>s, and ZIP + 4   | Relationship of transferor to transferee  |
| (a)<br>No. from           | (b) Purpose of gift        | (c)<br>Use of gift  | (d)  Description of how gift is held  |
| Part I                    | rurpose of gift            |   | Description of now gift is field  |
|                           |                            |   |   |
|                           | Transferee's name, address | (e) Transfer of gift s, and ZIP + 4   | Relationship of transferor to transferee  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift        | (c)<br>Use of gift  | (d) Description of how gift is held   |
|                           |                            |   |   |
|                           | Transferee's name, address | (e) Transfer of gift s, and ZIP + 4   | Relationship of transferor to transferee  |
| (0)                       |                            |   |   |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift     | (c)<br>Use of gift  | (d) Description of how gift is held   |
|                           |                            |   |   |
|                           | Transferee's name, addres: | (e)<br>Transfer of gift<br>s, and ZIP + 4   | Relationship of transferor to transferee  |

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

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

#### If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| •   | Section 501(c)(4), (5), or (6) o  | organizations: Complete Part III.   |   |  |  |
|-----|---|---|---|--|--|
|     | e of organization   |   |   | Employer identific   | ation number   |
| DA] | LLAS AFTERSCHOOL  |   |   | 76-083898  | 33   |
|     |   | rganization is exempt under secti   |   |  | zation.  |
| 1   |   | organization's direct and indirect political of   | campaign activities in  | Part IV.   |  |
| •   | •   | n of 'political campaign activities')   |   | <b>.</b> .   |  |
| 2   |   | xpenditures (see instructions) campaign activities (see instructions)   |   |  |  |
|     | · · · · · · · · · · · · · · · · · · ·   | rganization is exempt under sections  |   |  |  |
| 1   | Enter the amount of any evo   | ise tax incurred by the organization under  | section 4955  | <b>▶</b> ċ   | G 0.   |
| 2   |   | rise tax incurred by organization managers  |   |  |  |
| 3   |   | a section 4955 tax, did it file Form 4720 for   |   |  |  |
|     | •   |   | -   |  |  |
|     | <b>b</b> If 'Yes.' describe in Part IV.   |   |   |  | Yes No   |
| _   |   | rganization is exempt under section   | on 501(c) . excep   | t section 501(c)(3)  | _  |
| 1   | •   | pended by the filing organization for section   | • • •   | , , , ,  |  |
| 2   |   | g organization's funds contributed to other   |   |  | 3  |
| 3   |   | ditures. Add lines 1 and 2. Enter here and  |   | <b>⊳</b> ¢   | 3  |
| 4   |   | e Form 1120-POL for this year?  |   |  |  |
| 5   | Enter the names, addresses organization made payments amount of political contribution segregated fund or a political | and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly deal action committee (PAC). If additional span | of all section 527 pol<br>mount paid from the<br>livered to a separate po<br>ace is needed, provide | itical organizations to villing organization's fun<br>illing organization's fun<br>olitical organization, such<br>information in Part IV | which the filing<br>ds. Also enter the<br>a as a separate  |
|     | <b>(a)</b> Name   | (b) Address   | (c) EIN   | (d) Amount paid from filing organization's funds. If none, enter-0   | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) |   |   |   |  |  |
| (2) |   |   |   |  |  |
| (3) |   |   |   |  |  |
| (4) |   |   |   |  |  |
| (5) |   |   |   |  |  |
| (6) |   |   |   |  |  |

| Part II-A Complete if                   | the organizatio                      | n is exempt under se                                     | ction 501(c)(3) and                   | filed Form 5768 (el              |                                    |
|---|--------------------------------------|--|---------------------------------------|----------------------------------|------------------------------------|
| section 501(                            | (h)).                                | ii is exempt under se                                    |                                       | ilieu i 01111 3700 (ei           | ection under                       |
| A Check ► if the filin                  | ng organization belon                | gs to an affiliated group (and                           | d list in Part IV each affilia        | ted group member's name          | e,                                 |
| address,                                | EIN, expenses, an                    | d share of excess lobbying                               | g expenditures).                      |                                  |                                    |
| B Check ► if the filing                 | ng organization che                  | ecked box A and 'limited co                              | ontrol' provisions apply.             |                                  |                                    |
| (The term                               | Limits on Lobby<br>'expenditures' me | ying Expenditures<br>ans amounts paid or incu            | red.)                                 | (a) Filing organization's totals | <b>(b)</b> Affiliated group totals |
| 1 a Total lobbying expendit             | ures to influence pu                 | ublic opinion (grassroots lo                             | bbying)                               |                                  |                                    |
| , , ,                                   |                                      | legislative body (direct lob                             | , ,,                                  | 764.                             |                                    |
| , , ,                                   | •                                    | and 1b)  |                                       | 764.                             | 0.                                 |
|   | •                                    |  |                                       | 1,713,487.                       |                                    |
|   | ,                                    | nes 1c and 1d)   |                                       | 1,714,251.                       | 0.                                 |
|   |                                      | nount from the following ta                              |                                       | 235,713.                         |                                    |
| If the amount on line 1e, col           | umn (a) or (b) is:                   | The lobbying nontaxable                                  | amount is:                            | ,                                |                                    |
| Not over \$500,000                      |                                      | 20% of the amount on line 1e.                            |                                       |                                  |                                    |
| Over \$500,000 but not over \$1         |                                      | \$100,000 plus 15% of the excess                         | · · · · · · · · · · · · · · · · · · · |                                  |                                    |
| Over \$1,000,000 but not over \$        |                                      | \$175,000 plus 10% of the excess                         |                                       |                                  |                                    |
| Over \$1,500,000 but not over \$        | \$17,000,000                         | \$225,000 plus 5% of the excess                          | over \$1,500,000.                     |                                  |                                    |
| Over \$17,000,000                       | OF 0/                                | \$1,000,000.   |                                       |                                  |                                    |
| •                                       | •                                    | of line 1f)s, enter -0                                   |                                       | 58,928.                          | 0.                                 |
|   |                                      | s, enter -0s,  |                                       | 0.                               | 0.                                 |
|   |                                      |  |                                       |                                  | 0.                                 |
| section 4911 tax for this               | er tnan zero on eitne<br>s year?     | r line 1h or line 1i, did the or                         | ganization file Form 4/20             | reporting                        | Yes No                             |
|   |                                      | 4-Year Averaging Period                                  | Under Section 501(h)                  |                                  |                                    |
| (Som                                    |                                      | at made a section 501(h) e<br>elow. See the separate ins | lection do not have to o              |                                  |                                    |
|   |                                      | oying Expenditures During                                |                                       |                                  |                                    |
| Calendar year (or fiscal year           | <b>(a)</b> 2016                      | <b>(b)</b> 2017  | <b>(c)</b> 2018                       | <b>(d)</b> 2019                  | (e) Total                          |
| beginning in)                           | (4) = 110                            | (4)  | (4) = 1.15                            | (-,                              | (0)                                |
| 2 a Lobbying nontaxable                 |                                      |  | 000 100                               | 005 510                          | 465.000                            |
| amount                                  |                                      |  | 232,120.                              | 235,713.                         | 467,833.                           |
| <b>b</b> Lobbying ceiling               |                                      |  |                                       |                                  |                                    |
| amount (150% of line<br>2a, column (e)) |                                      |  |                                       |                                  | 701,750.                           |
| <b>c</b> Total lobbying                 |                                      |  |                                       |                                  | 7017730.                           |
| expenditures                            |                                      |  | 5,963.                                | 764.                             | 6,727.                             |
| <b>d</b> Grassroots nontaxable          |                                      |  |                                       |                                  |                                    |
| amount                                  |                                      |  | 58,030.                               | 58,928.                          | 116,958.                           |
| e Grassroots ceiling                    |                                      |  |                                       |                                  |                                    |
| amount (150% of line 2d, column (e))    |                                      |  |                                       |                                  | 175,437.                           |
|   |                                      |  |                                       |                                  | 110,401.                           |
| f Grassroots lobbying<br>expenditures   |                                      |  |                                       |                                  | 0.                                 |
| BAA                                     | •                                    | •  |                                       | Sahadula C (Faur                 | n 990 or 990-EZ) 2019              |

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

| (election under section 501(n)).  |       |         |                     |             |    |
|---|-------|---------|---------------------|-------------|----|
|   | (a)   |         |                     | (b)         |    |
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  Ye   | s     | No      | An                  | nount       |    |
| <ul> <li>During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</li> <li>a Volunteers?</li> </ul> |       |         |                     |             |    |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?  | +     |         |                     |             |    |
| d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?   | +     |         |                     |             |    |
| f Grants to other organizations for lobbying purposes?  | ‡     |         |                     |             |    |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |       |         |                     |             |    |
| j Total. Add lines 1c through 1i  |       |         |                     |             |    |
| b If 'Yes,' enter the amount of any tax incurred under section 4912   |       |         |                     |             |    |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |       |         |                     |             |    |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) section 501(c)(6).   | 5),   | or      |                     |             |    |
|   |       |         |                     | Yes         | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members?  |       |         |                     |             |    |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |       |         |                     |             |    |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior   | -     |         |                     |             |    |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Paranswered 'Yes.'   | t III | -A, lir | etion 5<br>ne 3, is | 501(c)<br>5 | )  |
| 1 Dues, assessments and similar amounts from members.   | ٠ _   | 1       |                     |             |    |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |       |         |                     |             |    |
| a Current year  |       | 2 a     |                     |             |    |
| <b>b</b> Carryover from last year.  | _     | 2b      |                     |             |    |
| <b>c</b> Total  |       | 2 c     |                     |             |    |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |       | 3       |                     |             |    |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?                              |       | 4       |                     |             |    |
| 5 Taxable amount of lobbying and political expenditures (see instructions)  | -     | 5       |                     |             |    |

## Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional 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

**Open to Public** Inspection

Name of the organization DALLAS AFTERSCHOOL 76-0838983 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X.....

| Part III Organizations Maintaining Coll   | ections of Art, Histo                              | orical Treasures, o             | r Other Similar Ass          | sets (coi      | ntınue   | ₹d)  |
|---|--|---------------------------------|------------------------------|----------------|----------|--|
| <b>3</b> Using the organization's acquisition, accession, items (check all that apply):                   | and other records, check a                         | ny of the following that m      | nake significant use of its  | s collection   |          |  |
| a Public exhibition   | <b>d</b> Loan                                      | or exchange program             |                              |                |          |  |
| <b>b</b> Scholarly research   | e Other  |                                 |                              |                |          |  |
| c Preservation for future generations   | _  |                                 |                              |                |          |  |
| 4 Provide a description of the organization's collect Part XIII.  | tions and explain how they                         | further the organization        | s exempt purpose in          |                |          |  |
| <b>5</b> During the year, did the organization solicit o to be sold to raise funds rather than to be made | aintained as part of the o                         | rganization's collection        | ?                            | Yes            |          | No   |
| Part IV   Escrow and Custodial Arrange   line 9, or reported an amount or                                 | <b>nents.</b> Complete if t<br>n Form 990, Part X, | he organization an<br>line 21.  | swered 'Yes' on Fo           | orm 990,       | Part     | IV,  |
| 1 a Is the organization an agent, trustee, custodi on Form 990, Part X?                                   | an or other intermediary                           | for contributions or oth        | er assets not included       | Yes            |          | No   |
| <b>b</b> If 'Yes,' explain the arrangement in Part XIII   |  |                                 |                              |                | <u> </u> | J  |
|   |  |                                 |                              | Amount         |          |  |
| c Beginning balance   |  |                                 | 1с                           |                |          |  |
| <b>d</b> Additions during the year  |  |                                 | 1 d                          |                |          |  |
| e Distributions during the year   |  |                                 | 1 e                          |                |          |  |
| f Ending balance  |  |                                 | 1f                           |                |          |  |
| 2a Did the organization include an amount on Fo   | orm 990, Part X, line 21,                          | for escrow or custodial         | account liability?           | Yes            |          | No   |
| <b>b</b> If 'Yes,' explain the arrangement in Part XIII.  | Check here if the explan                           | nation has been provide         | ed on Part XIII              |                |          |  |
|   |  |                                 |                              |                |          | <u>.                                    </u> |
| Part V Endowment Funds. Complete if   | the organization an                                | swered 'Yes' on Fo              | orm 990, Part IV, li         | ine 10.        |          |  |
| (a) Currer  | t year (b) Prior yea                               | r (c) Two years back            | k (d) Three years back       | <b>(e)</b> For | ur years | back   |
| 1 a Beginning of year balance   |  |                                 |                              |                |          |  |
| <b>b</b> Contributions  |  |                                 |                              |                |          |  |
| <b>c</b> Net investment earnings, gains,  |  |                                 |                              |                |          |  |
| and losses  |  |                                 |                              |                |          |  |
| <b>d</b> Grants or scholarships   |  |                                 |                              |                |          |  |
| e Other expenditures for facilities and programs  |  |                                 |                              |                |          |  |
| f Administrative expenses   |  |                                 |                              |                |          |  |
| <b>g</b> End of year balance  |  |                                 |                              |                |          |  |
| 2 Provide the estimated percentage of the curr  | ent year end balance (lir                          | ne 1g, column (a)) held         | as:                          |                |          |  |
| a Board designated or quasi-endowment ▶   | %  |                                 |                              |                |          |  |
| <b>b</b> Permanent endowment ►  | 6  |                                 |                              |                |          |  |
| c Term endowment ► %  |  |                                 |                              |                |          |  |
| The percentages on lines 2a, 2b, and 2c should  | equal 100%.  |                                 |                              |                |          |  |
| 3 a Are there endowment funds not in the possessio organization by:                                       | n of the organization that a                       | are held and administered       | d for the                    |                | Yes      | No   |
| (i) Unrelated organizations   |  |                                 |                              | 3a(i)          |          |  |
| (ii) Related organizations  |  |                                 |                              | 3a(ii)         |          |  |
| <b>b</b> If 'Yes' on line 3a(ii), are the related organization  |  |                                 |                              |                |          |  |
| 4 Describe in Part XIII the intended uses of the  | · ·  |                                 |                              |                | I_       |  |
| Part VI Land, Buildings, and Equipmer   |  |                                 |                              |                |          |  |
| Complete if the organization ans  |  | m 990, Part IV, line            | e 11a. See Form 99           | 90, Part       | X, lin   | e 10.  |
| Description of property   | (a) Cost or other basis (investment)               | (b) Cost or other basis (other) | (c) Accumulated depreciation |                | ook val  |  |
| <b>1 a</b> Land   |  | · · · /                         |                              |                |          |  |
| <b>b</b> Buildings  |  |                                 |                              |                |          |  |
| c Leasehold improvements  |  | 32,268.                         | 13,358.                      |                | 18.      | 910.   |
| <b>d</b> Equipment  |  | 255,298.                        | 210,999.                     |                |          | 299.   |
| <b>e</b> Other  |  | 2,183.                          | 2,183.                       |                | 1-1,     | 0.   |
| Total. Add lines 1a through 1e. (Column (d) must e  |  |                                 |                              |                | 63       | 209.   |
| PAA   | , quai i 01111 550, i ait X,                       |                                 |                              | dula D (Ear    |          |  |

Schedule D (Form 990) 2019

| Part VII Investments – Other Securities.  | d 'Voc' on Form 99(  | N/A<br>N Part IV line 11h See Form 9      | 00 Part V line 12       |
|---|----------------------|---|-------------------------|
| Complete if the organization answered  (a) Description of security or category (including name of security) | (b) Book value       | (c) Method of valuation: Cost or end-o    |                         |
| (1) Financial derivatives   | (B) Book Value       | (c) Method of Valuation, bost of end-o    | 1-year market value     |
| (2) Closely held equity interests.  |                      |   |                         |
| (3) Other   |                      |   |                         |
| (A)   |                      |   |                         |
| (B)   |                      |   |                         |
| (C)   |                      |   |                         |
| (D)   |                      |   |                         |
| (E)   |                      |   |                         |
| (F)   |                      |   |                         |
| (G)   |                      |   |                         |
| (H)   |                      |   |                         |
| (l)   |                      |   |                         |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).                                       | •                    |   |                         |
| Part VIII Investments - Program Related.  | d 'Vac' on Form 000  | N/A<br>N Part IV/ line 11a See Form 0     | 00 Dart V lina 12       |
| Complete if the organization answered  (a) Description of investment  | (b) Book value       | (c) Method of valuation: Cost or end      | 90, Part A, IIIIE 13.   |
|   | (b) Book value       | (c) Method of Valuation. Cost of Cha      | or year market value    |
| <u>(1)</u><br>(2)   |                      |   |                         |
| (3)   |                      |   |                         |
| (4)   |                      |   |                         |
| (5)   |                      |   |                         |
| (6)   |                      |   |                         |
| (7)   |                      |   |                         |
| (8)   |                      |   |                         |
| (9)   |                      |   |                         |
| (10)  |                      |   |                         |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  | •                    |   |                         |
| Part IX Other Assets. Complete if the organization answered   | d 'Voc' on Form 991  | O Part IV line 11d See Form 9             | 00 Part V lina 15       |
|   | escription           | o, Fait IV, line 11d. See Form 9          | (b) Book value          |
| (1) CONSTRUCTION IN PROGRESS  |                      |   | 72,800.                 |
| (2)   |                      |   | ,                       |
| (3)   |                      |   |                         |
| (4)   |                      |   |                         |
| (5)   |                      |   |                         |
| (6)   |                      |   |                         |
| <u>(7)</u><br>(8)   |                      |   |                         |
| (9)   |                      |   |                         |
| (10)  |                      |   |                         |
| Total. (Column (b) must equal Form 990, Part X, column (  | В) line 15.)         | ······································    | 72,800.                 |
| Part X Other Liabilities.   |                      |   |                         |
| Complete if the organization answered 'Yes' on I  |                      | 1e or 11f. See Form 990, Part X, line 25. |                         |
|   | ription of liability |   | <b>(b)</b> Book value   |
| (1) Federal income taxes  |                      |   |                         |
| <u>(2)</u><br>(3)   |                      |   |                         |
| (5)   |                      |   |                         |
|   |                      |   |                         |
| (4)   |                      |   |                         |
| (4)<br>(5)  |                      |   |                         |
| (4)<br>(5)<br>(6)<br>(7)  |                      |   |                         |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)   |                      |   |                         |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)  |                      |   |                         |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)  |                      |   |                         |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)<br>(11)  |                      |   |                         |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)  |                      |   | lightlify for uncertain |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re  | eturn.  | •                  |
|---|---------|--------------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.   |         |                    |
| 1 Total revenue, gains, and other support per audited financial statements  | 1       | 2,120,502.         |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |         |                    |
| a Net unrealized gains (losses) on investments  |         | İ                  |
| <b>b</b> Donated services and use of facilities   |         |                    |
| c Recoveries of prior year grants   |         | İ                  |
| d Other (Describe in Part XIII.)  |         | İ                  |
| e Add lines 2a through 2d.  | 2 e     | 300.               |
| 3 Subtract line <b>2e</b> from line <b>1</b>  | 3       | 2,120,202.         |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |         |                    |
| a Investment expenses not included on Form 990, Part VIII, line 7b  |         | İ                  |
| b Other (Describe in Part XIII.)  |         | İ                  |
| c Add lines 4a and 4b.  | 4 c     |                    |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  |         | 2,120,202.         |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per  | Retu    | rn.                |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.   |         |                    |
| 1 Total expenses and losses per audited financial statements  | 1       | 2,107,329.         |
|   |         |                    |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   |         |                    |
| a Donated services and use of facilities  |         |                    |
| a Donated services and use of facilities2a300.b Prior year adjustments2b  | -       |                    |
| a Donated services and use of facilities2a300.b Prior year adjustments2bc Other losses2c  | -       |                    |
| a Donated services and use of facilities2a300.b Prior year adjustments2b  | -       |                    |
| a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  | 2 e     | 300.               |
| a Donated services and use of facilities2a300.b Prior year adjustments2bc Other losses2cd Other (Describe in Part XIII.)2d  | 2 e 3   | 300.<br>2,107,029. |
| a Donated services and use of facilities 2a 300.  b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d.  Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:   |         | 500.               |
| a Donated services and use of facilities 2a 300.  b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d.  3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a   |         | 500.               |
| a Donated services and use of facilities 2a 300.  b Prior year adjustments 2b  c Other losses 2c  d Other (Describe in Part XIII.) 2d  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b. 4a  b Other (Describe in Part XIII.) 4b | 3       | 500.               |
| a Donated services and use of facilities 2a 300.  b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d.  3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a   | 3<br>4c | 500.               |

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 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 - FASB ASC 740 FOOTNOTE**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND HAS NOT BEEN CLASSIFIED AS A PRIVATE FOUNDATION AS DEFINED IN THE IRC. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSES IS SUBJECT TO TAX UNDER IRC SECTION 511. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2020. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX.

BAA Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

## PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

GAAP REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN IN THE COURE OF PREPARING THE ORGANIZATION'S TAX RETURN AND RECOGNITON OF A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2020 THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

### 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 for the latest information.

OMB No. 1545-0047

**20**19

Open to Public Inspection

| Name of the organization  |                        |                                 |                          |                                   |   | Employer Identific                    |                                    |
|---|------------------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| DALLAS AFTERSCHOOL  |                        |                                 |                          |                                   |   | 76-083898                             | 33                                 |
| Part I General Information on Gr  |                        |                                 |                          |                                   |   |                                       |                                    |
| Does the organization maintain records t<br>the selection criteria used to award th |                        |                                 |                          |                                   |   |                                       | X Yes No                           |
| 2 Describe in Part IV the organization's pro  |                        |                                 |                          |                                   | SEE PA  |                                       |                                    |
| Part II Grants and Other Assistar   |                        |                                 |                          |                                   |   |                                       |                                    |
| Form 990, Part IV, line 21,   | for any recipient      | that received r                 | more than \$5,000. F     | Part II can be dupli              | cated if additional   | space is neede                        | d.                                 |
| 1 (a) Name and address of organization or government                                | <b>(b)</b> EIN         | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) VOX INVICTUS MENTORING  |                        |                                 |                          |                                   |   |                                       |                                    |
| 1705 SHADY GLEN DR. #2220   |                        |                                 |                          |                                   |   |                                       | AFTERSCHOOL                        |
| ARLINGTON, TX 76015   | 82-4213353             | 501 (C) (3)                     | 50,000.                  | 0.                                |   |                                       | PROGRAM                            |
| (2)   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
| (3)   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
| <u>(4)</u>  |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
| (E)   |                        |                                 |                          |                                   |   |                                       |                                    |
| (5)   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
| (6)   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
| (7)   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
| (8)   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
|   |                        |                                 |                          |                                   |   |                                       |                                    |
| 2 Enter total number of section 501(c)(3  | 3) and government of   | rganizations listed             | in the line 1 table      |                                   |   | · · · · · · · · · · · · · · · · · · · | 1                                  |
| 3 Enter total number of other organizati  | ons listed in the line | 1 table                         |                          |                                   |   | ▶                                     | 0                                  |

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>(b)</b> Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1                               |                                 |                          |                                  |   |                                       |
| 2                               |                                 |                          |                                  |   |                                       |
| 3                               |                                 |                          |                                  |   |                                       |
| 4                               |                                 |                          |                                  |   |                                       |
| 5                               |                                 |                          |                                  |   |                                       |
| 6                               |                                 |                          |                                  |   |                                       |
| 7                               |                                 |                          |                                  |   |                                       |

**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 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

VOX INVICTUS WAS SELECTED ON A COMPETITIVE RFP PROCESS USING MEMBERS OF THE PLEASANT GROVE COMMUNITY TO DEFINE KEY NEEDS AND SELECT THE PROVIDER. THEY WERE THE RUNNER UP IN THIS PROCESS AND ANOTHER ORGANIZATION DID THE PROGRAM THE YEAR BEFORE AND WHEN THEY CLOSED, VOX TOOK OVER. WE HAVE A SIGNED MOU AND PAYMENTS ARE MADE OF \$12,500 QUARTERLY AFTER VOX PROVIDES A REPORT ON THE STATUS OF THE PROGRAM, KEY MEASURES AND IMPACTS.

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

## 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.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DALLAS AFTERSCHOOL

Employer identification number

76-0838983

#### FORM 990. PART III. LINE 1 - ORGANIZATION MISSION

DALLAS AFTERSCHOOL WORKS TO LEVEL THE PLAYING FIELD FOR CHILDREN OF ALL RACES AND ECONOMIC BACKGROUNDS BY INFORMING COMMUNITY STAKEHOLDERS, SUPPORTING AFTERSCHOOL AND SUMMER PROGRAMS AND THEIR STAFF MEMBERS, AND COORDINATING COMMUNITY RESOURCES.

WE ENVISION A COMMUNITY WITH THE RESOURCES AND THE WILL TO PROVIDE IMPACTFUL LEARNING BEYOND THE SCHOOL DAY FOR ALL CHILDREN.

### FORM 990, PART III, LINE 2 - NEW SERVICES

DUE TO COVID-19, TRAINING, COACHING AND PROFESSIONAL DEVELOPMENT SERVICES ARE NOW BEING OFFERED REMOTELY USING TECHNOLOGY AND VIRTUAL TRAINING.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY THE CEO, THE EXTERNAL ACCOUNTANT, THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IF A POTENTIAL VIOLATION OF THE CONFLICT OF INTEREST POLICY OCCURS, THE ORGANIZATION

HAS A FORMAL REPORTING PROCESS TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE BOARD REVIEWS THE AGENCY'S GOALS FOR THE COMING YEAR, PAST YEAR'S PERFORMANCE
AND BENCHMARK COMPENSATION FOR SIMILAR SIZED ORGANIZATIONS BEFORE MAKING
COMPENSATION DECISIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE HR COMMITTEE REVIEWS THE AGENCY'S GOALS FOR THE COMING YEAR, PAST YEAR'S

PERFORMANCE, EQUITY ANALYSIS AND BENCHMARK COMPENSATION FOR SIMILAR SIZED

ORGANIZATIONS BEFORE MAKING COMPENSATION DECISIONS FOR ALL EMPLOYEES OTHER THAN THE

CEO.

Name of the organization

DALLAS AFTERSCHOOL

Employer identification number
76-0838983

## FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST AND THE FINANCIAL STATEMENTS AND FORM 990

ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THIRD PARTY WEBSITES SUCH AS CHARITY

NAVIGATOR, DONOR BRIDGE AND GUIDESTAR.