Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

► 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.

, 2020, and ending

Open to Public Inspection

, 20 2021

В	Check	if applicable:	С			D Employ	er ident	ification number	
	A	ddress change	DALLAS AFTERSCHO	OOL		76-0	0838	983	
	N	ame change	3900 WILLOW STRE	EET #110		E Telepho	ne num	ber	
	In	itial return	DALLAS, TX 75226			(214	4) 3	06-8400	
	Fir	nal return/terminated							
	Aı	mended return				G Gross re	eceipts	\$ 2,272,351.	
	A	pplication pending	F Name and address of principa	al officer: CHRISTINA K. HANGEI	R H(a)	Is this a group return	n for sub	oordinates? Yes X No	
			SAME AS C ABOVE		H(b)	Are all subordinates If "No," attach a list.	include	d? Yes No	
I	Tax-	exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	ii ivo, attacii a iist.	OCC III.	structions	
J	We	bsite: ► WW	W.DALLASAFTERSCHO	OOL.ORG	H(c)	Group exemption nu	ımber 🕨	•	
K	Forn	n of organization:	X Corporation Trust	Association Other ► L Y	ear of formation:	2007 M s	tate of I	egal domicile: TX	
Pa	art I	Summar	у						
	1			sion or most significant activities:DAL					
ģ				L RACES AND ECONOMIC BAC					
auc				RSCHOOL AND SUMMER PROGR	RAMS FOR (<u>OVER 10,00</u>	0 <u>S</u>	<u> </u>	
e.u		DALLAS C		,,,,					
<u>8</u>	3	Check this bo		on discontinued its operations or disponding body (Part VI, line 1a)			net as I	sets.	
∘જ	4		9	rs of the governing body (Part VI, line			4	18	
ies	5			n calendar year 2020 (Part V, line 2a)			5	25	
Activities & Governance	6	Total number	of volunteers (estimate if	necessary)			6	85	
Ac				Part VIII, column (C), line 12			7a	0.	
	b	Net unrelated	I business taxable income	from Form 990-T, Part I, line 11			7b	0.	
		0 1 11 11		11.		Prior Year	0.5	Current Year	
e	8			e 1h)		2,066,3		2,143,890.	
enr	10	9 Program service revenue (Part VIII, line 2g)					75. 78.	46,740. 602.	
Revenue	11		-	nes 5, 6d, 8c, 9c, 10c, and 11e)		17,3		49,839.	
	12		•	(must equal Part VIII, column (A), lir		2,120,2		2,241,071.	
	13			IX, column (A), lines 1-3)		50,0		86,472.	
	14		to or for members (Part I)	3373		00/1:21			
	15		er compensation, employee	1,291,091.		1,227,174.			
Expenses	16a		fundraising fees (Part IX, o		J _ 1				
ě	h		sing expenses (Part IX, col						
찣	17			ines 11a-11d, 11f-24e)	6,929.	7.55 0	20	FF7 C40	
	18			equal Part IX, column (A), line 25)		765,9 2,107,0		557,649.	
	19	•	•	18 from line 12		13,1		1,871,295. 369,776.	
- 60 80 80 80 80 80 80 80 80 80 80 80 80 80		Trevende less	expenses. Oubtract fine 1	10 Hom line 12	+	eginning of Curren		End of Year	
ž š	20	Total assets	(Part X, line 16)		Dt	970,7		1,354,515.	
Net Asse Fund Bala	21					12,9		26,901.	
e e	22	Net assets or	fund halances. Subtract li	line 21 from line 20		957,8		1,327,614.	
	art II	Signatur				331,0	50.	1,327,014.	
				turn including accompanying schedules and staten	nents, and to the he	est of my knowledge	and hel	ief it is true correct and	
com	plete. D	eclaration of prepa	rer (other than officer) is based on	turn, including accompanying schedules and staten all information of which preparer has any knowled	lge.			,,,,	
Sig	gn	Signatu	re of officer			Date			
He	re		ISTINA K. HANGER		C:	EO			
		Type or	print name and title						
		Print/Type p	oreparer's name	Preparer's signature	Date	Check	if	PTIN	
Pa			ELIZABETH ARNOTT			self-employe	ed	P01965628	
Pre	epar	er Firm's name	SUTTON FROST CAR	RY LLP					
Us	e Or	Ily Firm's addre	ess 600 SIX FLAGS DE	R., SUITE 600		Firm's EIN	Firm's EIN ► 75-2593210		
			ARLINGTON, TX 76	6011		Phone no.	(817	•	
May	v the	IRS discuss th	is return with the preparer	r shown above? See instructions				X Yes No	

Par	t III	Statement of Program Service			
	D : (I		se or note to any line in this Part III		X
1	_	describe the organization's mission:			
	<u> </u>	SCHEDULE O			
2	Did th	e organization undertake any significant pro	gram services during the year which were n	ot listed on the prior	
				· · · · · · · · · · · · · · · · · · ·	Yes X No
		s," describe these new services on Schedule		Ш	<u></u>
3	Did th	e organization cease conducting, or make	ke significant changes in how it conducts	, any program services?	Yes X No
	If "Yes	s," describe these changes on Schedule O.			
4	Section	ibe the organization's program service a on 501(c)(3) and 501(c)(4) organizations evenue, if any, for each program service	ccomplishments for each of its three larg are required to report the amount of gran reported.	est program services, as measur nts and allocations to others, the	red by expenses. total expenses,
4a	AFT TRA NAT LIV ACA AFT K-1	LAS AFTERSCHOOL ENSURES THE ERSCHOOL EXPERIENCES BY PHINING, PROGRAM RESOURCES AND ALL TO SCHOOL BASEL THE YMCA TO SCHOOL BASEL THE YMCA TO SCHOOL BASEL	7,848. including grants of \$ HAT LOW-INCOME STUDENTS HA ROVIDING AFTERSCHOOL AND S AND SUPPORT. OUR GOAL IS T AS ONLY HIGH QUALITY AFTER VERAGE OR LOW QUALITY PROG L OUTCOMES THAN CHILDREN W DRTS 150 FREE AFTERSCHOOL LAS COUNTY. OUR CLIENTS RA D PROGRAMS LIKE BIG THOUGH S SUCH AS READERS 2 LEADER	VE ACCESS TO SAFE AND UMMER PROGRAMS WITH SOME PROGRAMS WITH SOME SCHOOL PROGRAMS CHANGERAMS SHOW NO DIFFERE SITES SERVING MORE TO LINGE FROM NATIONAL OR LIT AND DALLAS PARKS &	STAFF CHIEVE GE STUDENT NCE IN HAN 12,000
4 b	(Code	:) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code		including grants of \$		
	(Expe		e O.) ding grants of \$) (Revenue \$)

Form 990 (2020) DALLAS AFTERSCHOOL Part IV Checklist of Required Schedules

1	le the expenization described in coation E01(a)(2) or 4047(a)(1) (other than a private foundation)? If I/Ves I complete		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> 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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4	Х	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
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? <i>If 'Yes,' complete Schedule D, Part IV</i>	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, VII, 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	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI 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		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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		Х
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		Х
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		Х
	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	Х	
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	Х	

Form 990 (2020) 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		Х
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	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
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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	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
ŀ	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):			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(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		X
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? If 'Yes,' complete Schedule R, Part 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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	olf '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	Section 501(c)(3) organizations. 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? <i>If 'Yes,' complete Schedule R, Part VI</i>	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	
Pai	Tt 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
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	X	
RΛΛ		1 c	A GON ((2020)

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If '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		
	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
b	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).	_		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a 5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		71
	· · · · · · · · · · · · · · · · · · ·	30		
	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
	If '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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_	V	
	services provided to the payor?	7 a	X	
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Λ	
•	Form 8282?	7 c		Χ
c	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	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.			
	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: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	of 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		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
. •	If 'Yes,' complete Form 4720, Schedule O.			

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 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. Q. 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 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

TX 75226 (214)

ANDREA KERCH 3900 WILLOW STREET #110 DALLAS

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) Name and title	(B) Average hours per	thar	one both dire	box, an o ector/	unles	•	ion	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTINA K. HANGER CEO	$-\frac{40}{0}$			Χ				123,000.	0.	11,743.
(2) SARAH ELLIOTT VP DEVELOPMENT	<u> 40</u> _					Х		102,599.	0.	3,447.
	1	Х						0.	0.	0.
	1	Х						0.	0.	0.
(5) ELLEN MILLER DIRECTOR	10	Х						0.	0.	0.
	1	Х						0.	0.	0.
(7) MICHAEL GAGNE DIRECTOR	10	Х						0.	0.	0.
(8) EVA HEVRON TREASURER	2	Х		Х				0.	0.	0.
(9) MARISSA CASTRO MIKOY DIRECTOR	10	Х						0.	0.	0.
(10) TERRY CONNER DIRECTOR	1	Х						0.	0.	0.
(11) JANET MOCKOVCIAK DIRECTOR	1	Х						0.	0.	0.
(12) ANNE WICKS DIRECTOR	1	Х						0.	0.	0.
(13) TRILLION SMALL DIRECTOR	1	Х						0.	0.	0.
(14) JOHN HILL SECRETARY	2	Х		Х				0.	0.	0.

Part VII Section A. Officers, Directors, 110		∧ey	Em	•		es,	and	a Hignest Com	ipensated Emp	oyees	S (conti	nued)
	(B)	Position (do not check more than one										
(A)	Average hours	(do	not c	heck	sition more	than	one	(D)	(E)		(F)	
Name and title	per					is botl or/trus	tee)	Reportable compensation from	Reportable compensation from	Estim	ated am	ount
	(list any hours	or c	sul	Off	Кеу	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	nsation rganizat	
	for related	individual trustee or director	Institutional trustee	Officer	em.	nest Noye	mer er			an	d related	d
	organiza - tions	ह्य व	onal		employee	e car				5		
	below dotted	uste	trus		ee	pen						
	line)	Ф	99			Highest compensated employee						
(15) DILL MODDICON	2											
(15) BILL MORRISON CHAIRMAN	2	Х		Х				0.	0.			0.
(16) AUBREY COLEMAN	1	Λ		Λ				0.	0.			<u> </u>
DIRECTOR	0	Х						0.	0.			0.
(17) NICOLE JOLLY	1											
DIRECTOR	0	Х						0.	0.			0.
(18) JJ PONCE	1											
DIRECTOR	0	Х						0.	0.			0.
(19) DAVID RUSSELL	11											
DIRECTOR	0	Х						0.	0.			0.
(20) JOSEPHINE SMITH	1											
DIRECTOR	0	X						0.	0.			0.
(21)												
(22)												
(22)												
(23)												
(24)												
(25)												
								225,599.	0.		15,1	
c Total from continuation sheets to Part VII, Secti							-	0.	0.		0.	
d Total (add lines 1b and 1c)							ved	225,599.	0.	encatio	15,1	190.
from the organization > 2	i to those i	sicu	abov	ve) i	WITO	16661	veu	more than \$100,00	o or reportable comp	crisatio	!!	
											Yes	No
3 Did the organization list any former officer, direct	tor truste	e ke	2V 61	mnla	OVE	or	hiał	nest compensated	employee			
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	al							· · · · · · · · · · · · · · · · · · ·	. 3		Х
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	ation	and	oth	er compensation	from			
the organization and related organizations greate such individual	er than \$1	50,0	00?	If '	es,	' con	ıple	te Schedule J for		4		X
5 Did any person listed on line 1a receive or accru									individual			Λ
for services rendered to the organization? If 'Yes	s,' comple	te S	chea	lule	J fo	r suc	ch p	erson		. 5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest compensation from the organization. Report compensation.	sated indensation for	epen the c	dent alen	t cor dar '	ntrad vear	ctors endi	tha na v	it received more the vith or within the or	nan \$100,000 of ganization's tax vear			
					<i>y</i>			(B)			C)	
(A) Name and business add	ress							Description (of services	Compe	eńsatio	nc
2 Total number of independent contractors (including the	out not lies	tod t	o tha	occ 1	lictor	l aha	\(c\)	who received mare	than			
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		ieu t	ט נוונ	ise I	เรเยต	ı aDO	ve)	who received more	uidii			
The organization from the organization	U											

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns 1a 15,437. Membership dues 1b Fundraising events 1c 38,197. Related organizations 1d Government grants (contributions) 1e 238,652. All other contributions, gifts, grants, and similar amounts not included above 1f 1,851,604. Noncash contributions included in lines 1a-1f. 1g 19,096.				
oni	h	lines 1a-1f. 1g 19,096. Total. Add lines 1a-1f. ►	2,143,890.			
	-	Business Code	2,143,090.			
/en	2 a	CLIENT FEES 900099	46,050.	46,050.		
Program Service Revenue	b	TRAINING REV 900099	690.	690.		
/ice	С					
Sen	d					
am	е					
ogr		All other program service revenue				
ď		Total. Add lines 2a-2f ▶	46,740.			
	3 4	Investment income (including dividends, interest, and other similar amounts) ► Income from investment of tax-exempt bond proceeds ►	602.			602.
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c Net rental income or (loss)				
		(i) Securities (ii) Other				
	7 a	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)				
Other Revenue		Gross income from fundraising events (not including \$ 38,197. of contributions reported on line 1c). See Part IV, line 18				
the		Less: direct expenses 8b 11,006.	-			-
Ō		Net income or (loss) from fundraising events ▶	-3,193.			-3,193.
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		Net income or (loss) from sales of inventory▶	50,653.	50,653.		
S.		Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS 900099	2,379.	2,379.		
lan en	b					
scellaneo Revenue	C .	All other revenue				
MIS F	~	All other revenue Total. Add lines 11a-11d	0 270			
		Total revenue. See instructions.	2,379. 2,241.071.	99.772	0.	-2.591.
			7 7.41 - 11.11	77.11/	1.1	-/

Part IX Statement of Functional Expenses

Do i 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	86,472.	86,472.	30	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	00,472.	00,472.		
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	132,200.	92,540.	13,220.	26,440.
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	890,676.	676,581.	29,300.	184,795.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,128.	15,335.	613.	4,180.
9	Other employee benefits	98,907.	74,879.	3,548.	20,480.
10	Payroll taxes	85,263.	64,160.	3,496.	17,607.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	: Accounting	46,099.		46,099.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	(A) amount, list line 11g expenses on Schedule O.)	87,810.	68,094.	9,463.	10,253.
	Advertising and promotion	3,914.	1,039.	459.	2,416.
13	Office expenses	11,079.	5,572.	1,297.	4,210.
14	Information technology	14,400.	11,664.	432.	2,304.
15 16	Royalties Occupancy	111,579.	90,447.	3,359.	17,773.
17	Travel	537.	537.	3,333.	11,113.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	337.	337.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	53,851.	43,619.	1,616.	8,616.
23 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.).	10,326.	6,817.	2,220.	1,289.
а	CLIENT SERVICES	79,283.	79,283.		
	STUDENT SUPPORT	68,146.	68,146.		
	COMMUNICATIONS	27,431.	22,359.	793.	4,279.
	PROGRAM MATERIALS	26,898.	26,898.		
e	All other expenses	16,296.	13,406.	603.	2,287.
25	Total functional expenses. Add lines 1 through 24e	1,871,295.	1,447,848.	116,518.	306,929.
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)				

		Check if Schedule O contains a response or note to	o any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			189,255.	1	332,841.
	2	Savings and temporary cash investments			282,614.	2	527,248.
	3	Pledges and grants receivable, net			282,500.	3	350,000.
	4	Accounts receivable, net			10,500.	4	22,919.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net		· · · ·		7	
2	8	Inventories for sale or use		le l		8	
Assets	9	Prepaid expenses and deferred charges		<u> </u>	69,909.	9	39,349.
As	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1	li i	03,303.		33,343.
		Less: accumulated depreciation.		280,391.	63,209.	10 c	82,158.
	11	Investments – publicly traded securities			03,203.	11	02,130.
	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.	72,800.	15			
	16	Total assets. Add lines 1 through 15 (must equal line		-	970,787.	16	1,354,515.
	17	Accounts payable and accrued expenses			12,949.	17	26,901.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I	V of Sch	edule D		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 3!	5% L		22	
\Box	23	Secured mortgages and notes payable to unrelated th		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25			12,949.	26	26,901.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	· [X	·		·
lar	27	Net assets without donor restrictions			526,730.	27	702,022.
B	28	Net assets with donor restrictions			431,108.	28	625,592.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm				30	
188	31	Retained earnings, endowment, accumulated income,	, or other	funds		31	
it A	32	Total net assets or fund balances			957,838.	32	1,327,614.
Š	33	Total liabilities and net assets/fund balances			970,787.	33	1,354,515.
RΔ	۸		TEEA0111L	10/07/20	·		Form 990 (2020)

Form **990** (2020)

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	2,2	41,0)71.
2	Total expenses (must equal Part IX, column (A), line 25)	2		71,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		69,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	57,8	338.
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1.3	27,6	514.
Pa	rt XII Financial Statements and Reporting	l .	, <u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XII				. 🖂
	,			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	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?		. 2a		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	l on a			
	b Were the organization's financial statements audited by an independent accountant?		2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	X 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?		. 2c	Х	
	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?		. 3a		Х
	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		. 3b		
3A/	A TEEA0112L 10/19/20		Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name o	f the organization					Employer identifi	cation number		
	LAS AFTERSCHOOL					76-08389			
	Reason for Public Cha					<u>'</u>	ctions.		
The o	A church, convention of church A school described in section A begrital are a convention to	ies, or association of ch 1 70(b)(1)(A)(ii). (Attach	nurches described in sect Schedule E (Form 990 or	ion 170(990-EZ)	b)(1)(A)(i.)	i).			
4	A hospital or a cooperative had a medical research organization name, city, and state:						Enter the hospital's		
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 gov	ernment or governme	ntal unit described in s	ection 1	70(b) (1)	(A)(v).			
7	X An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general p	ublic described		
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9	An agricultural research organi or university or a non-land-grauniversity:								
10	An organization that normall from activities related to its a investment income and unre June 30, 1975. See section!	exempt functions, sub lated business taxable	eject to certain exception	ns; and	(2) no r	nore than 33-1/3% of	its support from gross		
11	An organization organized a		•	ety. See	section	1 509(a)(4).			
12	An organization organized at or more publicly supported of lines 12a through 12d that de	rganizations describe escribes the type of si	d in section 509(a)(1) oupporting organization	or sectio and com	n 509(a) iplete lir)(2). See section 509(nes 12e, 12f, and 12g	a)(3). Check the box in		
а	Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect A and B.	d, or controlled by its sup a majority of the director	ported or rs or trus	rganizati tees of t	ion(s), typically by givin he supporting organiza	g the supported ion. You must		
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that of	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). You		
С	Type III functionally integrated	A supporting organizat	ion operated in connection	n with, ar	nd function	onally integrated with, its	supported		
d	organization(s) (see instruction Type III non-functionally integrated. The cinstructions). You must com	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(t and an attentivenes	s) that is not s requirement (see		
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t		that it is	a Type I, Type II, Ty	oe III functionally		
	Enter the number of supported	3							
g	Provide the following informatio	n about the supported	d organization(s).	1			+		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g docur	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
<u>(E)</u>									
Total									

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.)

Sec	tion A. Public Support					,	
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,473,207.	1,667,166.	2,399,159.	2,066,335.	2,143,890.	9,749,757.
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.
4 5	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)	1,473,207.	1,667,166.	2,399,159.	2,066,335.	2,143,890.	9,749,757.
6	Public support. Subtract line 5 from line 4						8,866,815.
Sec	tion B. Total Support						,
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,473,207.	1,667,166.	2,399,159.	2,066,335.	2,143,890.	9,749,757.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,132.	347.	343.	278.	602.	3,702.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,232.	51.1	0.101	2.00	3021	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	259.	2,349.	2,214.	4,979.	2,379.	12,180.
11	Total support. Add lines 7 through 10						9,765,639.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	366,880.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20						90.80 %
	Public support percentage from					<u> </u>	89.07 %
16a	33-1/3% support test—2020. If t and stop here. The organization	he organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box X
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	theck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this I	box and stop here	e. Explain in Part \	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organization meets the organization organization organization.	meets the facts-a d-circumstances	nd-circumstances test. The organiza	s test, check this lation qualifies as	box and stop here a publicly support	e. Explain in Part 'ed organization	VI how the▶

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	otto notou polon,	picase complete i	<u> </u>				
	lar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2010	(6) 2517	(4) = 1.12	(4) 2515	(6) 2525	(ly rotal	
2	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							
	Total. 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							
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
_	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.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is organization, check this box and							
	tion C. Computation of Pul							
	Public support percentage for 20	•			•		્ર	
	Public support percentage from 2				<u></u>		90	
Sec	tion D. Computation of Inv							
17		· ·		-	***	-	%	
18	Investment income percentage f	rom 2019 Schedu	le A, Part III, line	17			%	
19a	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	the organization of this box and sto	lid not check the t p here. The organ	oox on line 14, ar ization qualifies a	nd line 15 is more as a publicly supp	than 33-1/3%, and orted organization	I line 17 ▶	
	33-1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	За		
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 Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? If 'Yes,' provide detail in Part VI .	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 Part VI .	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 Part VI .	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 Part VI.	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 line 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.).	10b		

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Pai	t IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?			
č	the g	son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, overning body of a supported organization?	11a		
ŀ	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion I	B. Type I Supporting Organizations	-		
_	5:11			Yes	No
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one pore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ears, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (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			
	or ea	ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
		217th Type in Supporting Significations		Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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 t organization's governing documents in effect on the date of notification, to the extent not previously provided?		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,		
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	the o	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sac		E. Type III Functionally Integrated Supporting Organizations	3		
500	don i	L. Type in Functionally integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	a 📙 T	he organization satisfied the Activities Test. Complete line 2 below.			
ŀ	ד 🗌 כ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(: [] T	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
ŀ	more reaso	the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities	2b		
2		or the organization's involvement. Int of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
•		of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
ŀ		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d 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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
DAA		Calaadala A /Ea	000 000 EZ\ 000

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE			2020	_	2019	 2018	_	2017		2016
OTHER	TOTAL	\$ \$	2,379. 2,379.	\$	4,979. 4,979.	\$ 2,214. 2,214.	\$	2,349. 2,349.	\$ \$	259. 259.

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

2020

Employer identification number

	S AFTERSCHOOL	76-0838983
Organiz	ation type (check one) :
Filers of	f:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	, ,	ered by the General Rule or a Special Rule . or (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	under sections 509(a) received from any o	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that ne contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	during the year, tota purposes, or for the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, all contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the id address), II, and III.
	during the year, con \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, tributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than schecked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, cose. Don't complete any of the parts unless the General Rule applies to this organization because <i>sively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year.
		isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

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** 207,740. 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** 100,000. 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** 313,000. 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** 90,000. 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** 50,000. 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** 60,000. Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>110,944.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$214,123.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$ <u>70,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u> _		\$236,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1

Employer identification number

DALLAS AFTERSCHOOL

Name of organization

BAA

76-0838983

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional sp	oac	e is needed.	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A				
			\$		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$		
			-		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			Ś		
			-``		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			_		
			\$. – – – – –	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number DALLAS AFTERSCHOOL 76-0838983 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., Part III contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)............>\$

	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. So space is needed.	ee instruction	s.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
		(e) Transfer of gif	•			
	Transferee's name, addres	-		tionship of transferor to transferee		
(0)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gif	t Relationship of transferor to transferee			
	Transieree's mame, addres	s, and zir + 4	Neia	uonsnip oi transieror to transieree		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Tarer						
	Transferee's name, addres	(e) Transfer of gif	Relationship of transferor to transferee			
	Transièree's name, addres	s, allu Zir + 4	Reiz	dionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferencia nomo adduca	(e) Transfer of gif		tionship of transferor to transferor		
	Transferee's name, addres	5, anu ZIF + 4	кеіа	tionship of transferor to transferee		
	<u> </u>					

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

•	•	1501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organ	***************************************			Employer identifica	ation number
		AFTERSCHOOL			76-083898	
		-	ganization is exempt under section		_	zation.
1			organization's direct and indirect political o	campaign activities in	Part IV.	
_			on of 'political campaign activities')		▶ ☆	
			campaign activities (See instructions)			
			rganization is exempt under sections			
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	▶ ბ	0
2			ise tax incurred by organization managers			
			section 4955 tax, did it file Form 4720 for			
		•		-		님 님
		s.' describe in Part IV.				Yes No
		-,	rganization is exempt under section	on 501(c) excen	t section 501(c)(3)	
			pended by the filing organization for section			
		,	g organization's funds contributed to other	·	·	
_			S			
3			ditures. Add lines 1 and 2. Enter here and		▶\$	
4	Did th	ne filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter organ amou segre	the names, addresses nization made payments nt of political contribution gated fund or a politica	and employer identification number (EIN) s. For each organization listed, enter the all s received that were promptly and directly del I action committee (PAC). If additional spa	of all section 527 pol mount paid from the f livered to a separate po ace is needed, provide	itical organizations to willing organization's fundilitical organization, such e information in Part IV	which the filing ds. Also enter the as a separate
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 202	²⁰ DALLAS AFT	'ERSCHOOL		76-0838	983 Page 2
Part II-A Complete if section 501(the organization	on is exempt under sect	tion 501(c)(3) and	filed Form 5768 (ele	ction under
A Check ► ☐ if the filin address,	g organization belo EIN, expenses, a	ngs to an affiliated group (and li nd share of excess lobbying e lecked box A and 'limited cont	expenditures).	ed group member's name,	
(The term	Limits on Lobl 'expenditures' mo	bying Expenditures eans amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendition	ures to influence p	oublic opinion (grassroots lobb	ying)		
b Total lobbying expendition	ures to influence a	a legislative body (direct lobby	ring)	3,058.	
	•	and 1b)	-	3,058.	0.
	•		<u> </u>	1,444,790.	
e Total exempt purpose e	expenditures (add	lines 1c and 1d)		1,447,848.	0.
		mount from the following table		219,785.	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable a	mount 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 of			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess of			
Over \$1,500,000 but not over \$ Over \$17,000,000	\$17,000,000	\$225,000 plus 5% of the excess over \$1,000,000.	er \$1,500,000.		
	amount (enter 25%	լ գ.,000,000. % of line 1f)		54,946.	0
•	•	ess, enter -0	_	0.	0.
		ss, enter -0	<u></u>	0.	0.
j If there is an amount othe	er than zero on eith	er line 1h or line 1i, did the orga	nization file Form 4720 r	eporting	
section 4911 tax for this	s year?	A Varia A variation David d He			Yes No
(Som		4-Year Averaging Period Ur hat made a section 501(h) ele- pelow. See the separate instru	ction do not have to co		
	Lok	obying Expenditures During 4	-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2 a Lobbying nontaxable amount		232,120.	235,713.	219,785.	687,618.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,031,427.
c Total lobbying expenditures		5,963.	764.	3,058.	9,785.
d Grassroots nontaxable amount		58,030.	58,928.	54,946.	171,904.
e Grassroots ceiling amount (150% of line 2d, column (e))					257,856.
f Grassroots lobbying expenditures					0.
BAA				Schedule C (Form	990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020

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	1)		(t))	
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	Yes	No		Amo	ount	
1	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:						
	 a Volunteers? 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?						
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?						
	j Total. Add lines 1c through 1i						
	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	b If 'Yes,' enter the amount of any tax incurred under section 4912						
	$oldsymbol{c}$ If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	, or				
	section 501(c)(6).						
_				Г		Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			L	1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			L	2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p				3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	II-A, I	ectic	n 50 3, is	/1(c)	
1	Dues, assessments and similar amounts from members.		1				
	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 Carryover from last year		2 b				
	c Total		2 c				
3	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 Name of the organization

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
Employer identification number

DAI	LLAS	AFTERSCHOOL			76-0838983	
Pai	rt I	Organizations Maintaining Donor	Advised Funds or Other	Similar Funds	or Accounts.	
		*Complete if the organization answ	vered 'Yes' on Form 990,	Part IV, line 6.		
			(a) Donor advised fu	nds	(b) Funds and other ac	counts
1	Tota	I number at end of year				
2	Aggre	gate value of contributions to (during year)				
3	Aggre	gate value of grants from (during year)				
4	Aggı	regate value at end of year				
5	Did t	the organization inform all donors and dono the organization's property, subject to the c	or advisors in writing that the as organization's exclusive legal co	ssets held in donor	advised funds	No
6	Did to	the organization inform all grantees, donors tharitable purposes and not for the benefit ermissible private benefit?	s, and donor advisors in writing of the donor or donor advisor, o	that grant funds ca or for any other purp	an be used only cose conferring	□No
Dar		'				
Pai	ת וו	Conservation Easements. Complete if the organization answ	yorod 'Vos' on Form 990	Part IV line 7		
	Durr	pose(s) of conservation easements held by				
•		Preservation of land for public use (for example	· · · · · · · · · · · · · · · · · · ·	<u> </u>	f a historically important la	and area
		Protection of natural habitat	le, recreation of education)		f a certified historic structi	
		Preservation of open space		Preservation o	i a certified filstoric structi	uie
2		plete lines 2a through 2d if the organization he	old a qualified concentration contrib	oution in the form of	a conservation assembnt on	tho
_		day of the tax year.	ela a qualified conservation contri		a conservation easement on	i lile
					Held at the End of	the Tax Year
i	a Tota	I number of conservation easements			2a	
ı	b Tota	I acreage restricted by conservation easem	nents		2 b	
	c Num	ber of conservation easements on a certifi	ed historic structure included in	(a)	2 c	
(d Num	ber of conservation easements included in ture listed in the National Register	(c) acquired after 7/25/06, and	not on a historic	2 d	
3		ber of conservation easements modified, trans year ►	sferred, released, extinguished, or	terminated by the or	ganization during the	
4	Num	ber of states where property subject to conser	vation easement is located ►			
5	Does	s the organization have a written policy reg	arding the periodic monitoring,	inspection, handling	g of violations,	
	and	enforcement of the conservation easement	ts it holds?		Yes	No
6	-	and volunteer hours devoted to monitoring, in		-	-	
7	Amo ►\$	unt of expenses incurred in monitoring, inspec	cting, handling of violations, and e	nforcing conservatior	n easements during the year	•
8	Does and	s each conservation easement reported on section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	irements of section	170(h)(4)(B)(i) Yes	No No
9	inclu	art XIII, describe how the organization repoude, if applicable, the text of the footnote to servation easements.				1
Pai	rt III	Organizations Maintaining Collections Complete if the organization answ	ctions of Art, Historical Treered 'Yes' on Form 990,	reasures, or Oth Part IV, line 8.	ner Similar Assets.	
1 8	histo	e organization elected, as permitted under orical treasures, or other similar assets held XIII the text of the footnote to its financial	d for public exhibition, education	n, or research in fur	nent and balance sheet wo therance of public service	orks of art, , provide in
ı	histo	e organization elected, as permitted under rical treasures, or other similar assets held for wing amounts relating to these items:	FASB ASC 958, to report in its public exhibition, education, or re	revenue statement esearch in furtheranc	and balance sheet works e of public service, provide	of art, the
		Revenue included on Form 990, Part VIII, I	ine 1			
	(ii)	Assets included in Form 990, Part X			▶\$	
2	If the	e organization received or held works of art, hi unts required to be reported under FASB A	storical treasures, or other similar	assets for financial of	gain, provide the following	
;	a Reve	enue included on Form 990, Part VIII, line	1		▶\$	
		ets included in Form 990 Part X			▶ \$	

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (conti	nued)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check a	ny of the following that n	nake significant use of its	s collection	
a Public exhibition	d Loan	or exchange program			
b Scholarly research	e Other				
c Preservation for future generations	<u> </u>				
4 Provide a description of the organization's collect Part XIII.	ctions and explain how they	further the organization	's exempt purpose in		
5 During the year, did the organization solicit of to be sold to raise funds rather than to be m	aintained as part of the c	organization's collection	1?	Yes	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount o	ments. Complete if t n Form 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	orm 990, P	art IV,
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermediary	for contributions or oth	ner assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII					
				Amount	
c Beginning balance			1 c		
d Additions during the year			1 d		
e Distributions during the year			1e		
f Ending balance					
2 a Did the organization include an amount on F	orm 990, Part X, line 21,	for escrow or custodia	I account liability?	Yes	No
b If 'Yes,' explain the arrangement in Part XIII	. Check here if the explai	nation has been provide	ed on Part XIII		
					
Part V Endowment Funds. Complete i					
(a) Curre	nt year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four y	ears back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains,					
and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curr	rent year end balance (lir	ne 1g, column (a)) held	as:		
a Board designated or quasi-endowment ►	<u> </u>				
	8				
c Term endowment ► %					
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possession organization by:	on of the organization that a	are held and administered	d for the	Yes	s No
(i) Unrelated organizations				3a(i)	
(ii) Related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organiz	ations listed as required	on Schedule R?		3b	
4 Describe in Part XIII the intended uses of the	e organization's endowme	ent funds.			
Part VI Land, Buildings, and Equipmen	nt.				
Complete if the organization an	swered 'Yes' on Fori	m 990, Part IV, line	e 11a. See Form 99	90, Part X,	line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land		* *			
b Buildings					
c Leasehold improvements		32,268.	18,719.	1	3,549.
d Equipment		328,098.	259,489.	6	8,609.
e Other		2,183.	2,183.		0.
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line 10c.)			2,158.
BAA			Caha	dula D (Farm (2007 2020

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security) (1) Financial derivatives. (2) Closely held equity interests.	n Form 990, Part IV, line 11b. See Form 990, Part X, line 12 Book value (c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	
(2) Closely held equity interests.	,
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •	
Part VIII Investments — Program Related.	N/A
Complete if the organization answered 'Yes' of	n Form 990, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment (b) E	ook value (c) Method of valuation: Cost or end-of-year market value
(1)	
(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.	N/A
Complete if the organization answered Yes ((a) Description	n Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1)	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15	.)
Part X Other Liabilities.	Doubly line 11e on 11f Con Farms 000 Doubly line 0F
Complete if the organization answered 'Yes' on Form 990, 1. (a) Description of	
1. (a) Description of (1) Federal income taxes	iability (b) Book value
(2)	
(3)	
(4)	
(3)	
(5) (6)	
(6) (7) (8)	
(6) (7) (8) (9)	
(6) (7) (8) (9) (10)	
(6) (7) (8) (9)	
(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	e organization's financial statements that reports the organization's liability for uncertain

7	6-	Λ	Q	3	Q	a	Q	3

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	2,241,071.
2 Αmoι	nts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net u	nrealized gains (losses) on investments		
b Dona	red services and use of facilities		
c Reco	veries of prior year grants		
d Other	(Describe in Part XIII.) 2d		
e Add I	nes 2a through 2d.	2 e	
3 Subtr	act line 2e from line 1	3	2,241,071.
4 Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:		
a Inves	tment expenses not included on Form 990, Part VIII, line 7b		
b Other	(Describe in Part XIII.) 4b		
c Add I	nes 4a and 4b	4 c	
5 Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,241,071.
Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	•
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total	expenses and losses per audited financial statements	1	1,871,295.
2 Amou	nts included on line 1 but not on Form 990, Part IX, line 25:		
a Dona	red services and use of facilities		
b Prior	year adjustments		
c Other	losses.		
d Other	(Describe in Part XIII.)		
e Add I	nes 2a through 2d.	2 e	
3 Subtr	act line 2e from line 1	3	1,871,295.
4 Amou	nts included on Form 990, Part IX, line 25, but not on line 1:		
	tment expenses not included on Form 990, Part VIII, line 7b		
	(Describe in Part XIII.) 4b		
	nes 4a and 4b	4 c	
5 Total	expenses Add lines 3 and 4c (This must equal Form 990, Part 1, line 18.)	5	1 971 205

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, 2021. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX.

BAA Schedule D (Form 990) 2020

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, 2021 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 G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 76-0838983 DALLAS AFTERSCHOOL **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Page 2

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

e			(a) Event #1 FIELD DAY (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))				
Revenue	1	Gross receipts	46,010.			46,010.				
Re	2	Less: Contributions	38,197.			38,197.				
	3	Gross income (line 1 minus line 2)	7,813.			7,813.				
	4	Cash prizes	1,772.			1,772.				
	5	Noncash prizes	392.			392.				
nses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages	5,649.			5,649.				
irect	8	Entertainment	2,195.			2,195.				
	9	Other direct expenses	998.			998.				
	10 11	Direct expense summary. Add lines 4 thro								
Par	11 Net income summary. Subtract line 10 from line 3, column (d)									
Revenue		\$15,000 OH FORM 550-LZ, MIC Od.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
~	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Jirect	4	Rent/facility costs								
·	5	Other direct expenses								
	6	Volunteer labor	Yes%	Yes% No	Yes%					
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)	······					
а	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If 'No,' explain:									
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?									

a The organization's facility. 13a	Page 3
administer charitable gaming?	No
b An outside facility	No
a The organization's facility	
b An outside facility	96
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	%
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$\) and the amount of gaming revenue retained by the third party \$\) \$\) \$\) \$\) \$\) \$\) \$\) \$\) \$\) \$\	
Address 16 Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer	No
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	
Gaming manager compensation ► \$	
Gaming manager compensation ► \$ Description of services provided ► Director/officer	
Gaming manager compensation ► \$ Description of services provided ► Director/officer	
Director/officer	
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (value and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	□No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (value and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	ш
	(v);

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Line 21 or 22.

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

DALLAS AFTERSCHOOL						76-083898	33
Part I General Information on G	rants and Assista	ance					
Does the organization maintain records the selection criteria used to award to	to substantiate the am he grants or assistant	ount of the grants or	assistance, the grantees'	eligibility for the grants	or assistance, and		X Yes No
2 Describe in Part IV the organization's pr	rocedures for monitorin	g the use of grant fu	unds in the United States.		SEE P	PART IV	
Part II Grants and Other Assista							
Form 990, Part IV, line 21	, for any recipient	t that received i	more than \$5,000. F	Part II can be dupli	cated if additional	I space is neede	d.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VOX INVICTUS MENTORING 1705 SHADY GLEN DR. #2220	02 4212252	F01 (C) (2)	F1 472				AFTERSCHOOL PROGRAM
ARLINGTON, TX 76015 (2) FRAZIER REVITALIZATION PO BOX 152926	82-4213353	301 (C) (3)	51,472.	0.			REPLACE SUPPLIES AFTER
DALLAS, TX 75315	20-3395474	501 (C) (3)	10,000.	0.			WINTER STORM
(3) FOUNDATIONS COMMUNITIES 3000 S IH 35, #300 AUSTIN, TX 78704	74-2678601	501 (C) (3)	20,000.	0.			REPLACE SUPPLIES AFTER WINTER STORM
<u>(4)</u>							
(5)							
<u>(6)</u>							
<u>(7)</u>							
<u>(8)</u>							
2 Enter total number of section 501(c)(3 Enter total number of other organization	` ,	· ·					3 0

Schedule | (Form 990) 2020 DALLAS AFTERSCHOOL 76-0838983 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.

THE OTHER GRANTS (FRAZIER REVITALIZATION, PROJECT TRANSFORMATION NORTH TEXAS AND FOUNDATION COMMUNITIES) WERE GIVEN ASSISTANCE AFTER THE FEBRUARY WINTER STORM HIT.

THESE PROGRAMS SUSTAINED SIGNIFICANT DAMAGE TO THEIR FACILITIES, EQUIPMENT AND

2020 SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION PAGE 3

CLIENT DAL45 DALLAS AFTERSCHOOL 76-0838983

10/12/21

06:47PM

TART I, LINE 2 - FROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED	PART I, LINE 2	- PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S	. (CONTINUED
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SUPPLIES. WE POLLED ALL OF THE AFTERSCHOOL PROGRAMS WE WORKED WITH FOR WHAT DAMAGE
THEY SUSTAINED AND WHAT THEY NEEDED TO REPLACE OR REPAIR. WE REQUESTED PICTURES AND A
REPORT AFTER THE MONEY WAS SPENT DOCUMENTING HOW IT WAS SPENT.

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.

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

OMB No. 1545-0047 **2020**

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 LEVELS THE PLAYING FIELD FOR CHILDREN OF ALL RACES AND ECONOMIC BACKGROUNDS BY INCREASING THE OUALITY AND AVAILABILITY OF AFTERSCHOOL AND SUMMER PROGRAMS IN DALLAS COUNTY. BY SUPPORTING 146 AFTERSCHOOL AND SUMMER PROGRAMS AND THEIR STAFF MEMBERS, WE TRANSFORM THE LIVES OF OVER 12,000 STUDENTS ANNUALLY.

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.

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.

FORM 990, PART VIII INCOME FROM FUNDRAISING EVENTS

Name of the organization	Employer identification number
DALLAS AFTERSCHOOL	76-0838983

THE NET ECONOMIC BENEFIT FROM OUR FUNDRAISING EVENTS IS CALCULATED AS FOLLOWS:

CONTRIBUTIONS FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 1C \$ 38,197

GROSS INCOME FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 8A 7,813

LESS: DIRECT COSTS OF EVENTS REPORTED ON PART VIII, LINE 8B (11,006)

NET ECONOMIC BENEFIT OF FUNDRAISING EVENTS \$ 35,004