# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public

Department of the Treasury

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.

Inter	nal Reve	enue Service			30 to www.	irs.gov/Forn	1990 tor insti	uctions and th	e latest in	torm	ation.			inspection
Α	For th	ne 2022 calen	dar year,	or tax	year begir	ning 7	/01	, 2022,	and endir	ng	6/3	30		, <b>20</b> 2023
В	Check i	f applicable:	С									D Employ	er ident	tification number
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		ame change			X 75226		O							
	Ini	tial return		0, 11	1 /5220						Ļ	(21	4) 3	06-8400
	Fin	al return/terminated												
	An	nended return										<b>G</b> Gross r	eceipts	\$ 2,049,884.
	Ap	plication pending	<b>F</b> Name	and addre	ess of principa	al officer: MZ	ARJORIE	MIIRAT		H(a)	Is this a	group retur	n for sul	bordinates? Yes X No
			SAME	AS C	ABOVE	1.11	INCONIE	1101411		H(b)	Are all	subordinates attach a list	include	d? Yes No
ı	Tax-	exempt status:	X 501(c)		501(c) (	)	(insert no.)	4947(a)(1) or	527	Ī	IT "INO,"	attach a list	. See ins	structions. — —
1		•			TERSCH	OOT ORG	`	()()		H(c)	Group e	exemption n	ımher	
K		of organization:	X Corpoi		Trust	Association	1 1	11,	Year of format		2007			legal domicile: TX
	rt I	-		ation	Trust	ASSOCIATION	Other	-	rear or format	LIOIT.	2007	IVI	state of	legal domicile: 1A
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Activities & Governance		DALLAS C												
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G	_		9		9	,	,	ne 1a)					3	14
SS								dy (Part VI, line					4	14
itie								(Part V, line 2a					5	23
tiv													6	150
Ac								line 12					7a	0.
	b	Net unrelated	l busines	s taxab	le income	from Forn	n 990-T, Pai	t I, line 11					7b	0.
											Pı	ior Year		Current Year
₫\											2	,032,6	524.	1,834,455.
nu	9	Program serv	ice rever	านe (Pa	art VIII, line	e 2g)				🗀		101,2	249.	152,554.
Revenue	10	Investment in	icome (P	art VIII	, column (	A), lines 3	, 4, and 7d)			🗀		2,6	555.	8,831.
æ	11	Other revenue	e (Part V	ΊΙΙ, colι	umn (A), li	nes 5, 6d,	8c, 9c, 10c	and 11e)		🗀		31,4	102.	-16,379.
	12	Total revenue	e — add I	ines 8	through 11	(must equ	ual Part VIII	, column (A), li	ne 12)	🗀	2	,167,9		1,979,461.
	13	Grants and si	imilar am	nounts p	oaid (Part	IX, columr	n (A), lines	l -3)						
	14	Benefits paid	to or for	memb	ers (Part I	X. column	(A). line 4).							
		•			-			lumn (A), lines			1	,415,5	12	1,507,112.
se							-		•	_		,415,5	043.	1,307,112.
Expenses				J	•	•	•							
xbe	b	Total fundrais	sing expe	enses (F	Part IX, co	lumn (D),	line 25)	36	51,243.					
Е	17	Other expens	es (Part	IX, coli	umn (A), li	nes 11a-1	1d, 11f-24e)					735,4	122.	718,516.
	18	Total expense	es. Add I	ines 13	-17 (must	equal Part	t IX, column	(A), line 25)		🗀	2	,150,9		2,225,628.
												16,9		-246,167.
- S											ninnin	g of Currer		End of Year
anc anc	20	Total assets	(Part X. I	ine 16)								, 383, 9		1,423,351.
\ss∢ Bal	21		,	,						⊢		39,3		324,939.
Net Assets or Fund Balances	22	Not accets or	fund hal	lancos	Subtract I	ino 21 fron	n lina 20			-	1			
					Subtract	1116 21 1101	II IIIIE 20					,344,5	19.	1,098,412.
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Unde	er penal <sup>.</sup> olete. De	ties of perjury, I de eclaration of prepa	eclare that I rer (other th	have examenan officer	mined this ret r) is based on	urn, including all informatio	accompanying a n of which prepared	schedules and state arer has any knowle	ments, and to dge.	the be	est of my	/ knowledge	and bel	ief, it is true, correct, and
c:		Signature of	officer								Date			
Sig He	jn			D 3 III										
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						In :	-:		I Davi		-	Т		DTIN
		Print/Type p	reparer's na	ame		Preparer's	signature		Date			Check	if	PTIN
Pai	id	CARROLL	ELIZAE	ETH A	RNOTT							self-employ	ed	P01965628
Pre	epare	Firm's name	SU	JTTON	FROST CA	RY LLP								
Us	e On	ly Firm's addre	ess 60	00 SIX	FLAGS D	R., SUIT	E 600					Firm's EIN	75-	-2593210
					ON TY 7		· · · · · · · · · · · · · · · · · · ·					Phone no		) 649-8083

May the IRS discuss this return with the preparer shown above? See instructions .

No

Check if Schedule O contains a response or note to any line in this Part III.    Birely describe the organization's mission:   SEF_SCHEDULE O	Par	t III		Service Accomplishments		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 Ext.    1 Yes  No It *Yes* 'describe these new services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?    4 Pescribe the organization is program service accomplishments for each of its three largest program services. as measured by expenses. Section 501(cit) and 501(cit) a					Part III	X
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ2.  If Yes, 1 describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1		•	ssion:		
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ7.  If "Yes," describe these new services on Schedule O.  J Old the organization cease conducting, or make significant changes in how it conducts, any program services?		SEE_	SCHEDULE O			
Form 990 or 990-E27.						
Form 990 or 990-E27.						
Form 990 or 990-E27.		D: 1 II				
if "Yes," describe these new services on Schedule 0.  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	2					
3 bit the organization cease conducting, or make significant changes in how it conducts, any program services?						. Yes X No
Ad Other program services (Describe the Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, sand revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ 1,687,690; including grants of \$ ) (Revenue \$ 180,299.)  DALLAS AFTERSCHOOL ENSURES THAT CHILDREN FACING EDUCATIONAL DISADVANTAGE HAVE ACCESS TO SAFE, HIGH-QUALITY ENRICHING OUT-OF-SCHOOL TIME (OST) EXPERIENCES, OUR THEORY OF CHANGE IS THAT WORKING DIRECTLY WITH PROGRAMS AND STAFT FO PROVIDE ASSESSMENT AND CERTIFICATION FOR SAFETY AND QUALITY, ALONG WITH PROFESSIONAL DEVELOPMENT, LEADS TO OVERALL IMPROVED PROGRAM QUALITY AND STUDENT OUTCOMES. DALLAS AFTERSCHOOL SUPPORTS 180 FREE 7 LON-COST PROGRAMS AND OVER 750 PROFESSIONALS TO TRANSFORM THE LIVES OF OVER 14,000 K-8TH GRADE STUDENTS IN DALLAS COUNTY EACH YEAR. OUR CLIENTS RANGE FROM NATIONAL ORGANIZATIONS LIKE THE YMCA, TO SCHOOL-BASED PROGRAMS LIKE BIOLOGIST PROGRAM AND DALLAS PARK & RECREATION, TO LOCAL PROGRAMS SUCH AS HEART HOUSE AND JUBILEE PARK.  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )	_					
40 (Code:	3		_		it conducts, any program services?	. Yes X No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:	_		· · · · · · · · · · · · · · · · · · ·			
### Add Code:	4	Descr	ribe the organization's program	service accomplishments for each of it	s three largest program services, as mount of grants and allocations to other	leasured by expenses.
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# Form 990 (2022) DALLAS AFTERSCHOOL Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? <i>If "Yes,"</i> complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	11a	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	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X	
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		X
14a	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? If "Yes," complete Schedule F, Parts III and IV.	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 (2022) DALLAS AFTERSCHOOL Part IV Checklist of Required Schedules (continued)

			Yes	N.
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	res	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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</i> "Yes," complete Schedule L, Part II	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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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# Form 990 (2022) DALLAS AFTERSCHOOL Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	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 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If "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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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 services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	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?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
Ū	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
۵	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	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.)			
	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 12b			
	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		
	<b>Note:</b> 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			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N.  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.	10		21
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	.,		

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 1a Enter the number of voting members of the governing body at the end of the tax year..... 14 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..... 14 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 5 Χ Did the organization have members or stockholders?..... 6 7a 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?..... 7a 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 7h 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?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a 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? 10b 11a 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 on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* ... .SEE .SCHEDULE . O ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. . . . . . . 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a 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 16b organization's exempt status with respect to such arrangements?... 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 X Upon request Own website Another's website 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.

ANDREA KERCH 3900 WILLOW STREET #110 DALLAS TX 75226 (214) 306-8400

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

DIRECTOR

Check this box if neither the organization nor any relati	ed organiz	ation	com	npen	ısate	d ang	y cu	rrent officer, direct	or, or trustee.	
_				(C)	)					
(A) Name and title	(B) Average hours per	thar	n one	box, an o	unles	•	son	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) MARJORIE MURAT	40									
CEO	0			Χ				141,462.	0.	12,999.
(2) SARAH ELLIOTT  VP DEVELOPMENT	$-\frac{40}{0}$					Х		147,976.	0.	4,126.
VP OF PROGRAM SERV	$-\frac{40}{0}$					Х		120,000.	0.	6,693.
_(4)_ CRYSTAL_ROSS	1									
DIRECTOR	0	X						0.	0.	0.
(5) MARCIA BARNES DIRECTOR	1	Х						0.	0.	0.
(6) ELLEN MILLER DIRECTOR	1	Х						0.	0.	0.
(7) EVA_HEVRONTREASURER	2	Х		Х				0.	0.	0.
(8) TERRY CONNER DIRECTOR	1	Х						0.	0.	0.
(9) ANNE WICKS DIRECTOR	1 0	Х						0.	0.	0.
(10) TRILLION SMALL	1	21						0.	0.	<u> </u>
DIRECTOR	0	Х						0.	0.	0.
(11) JOHN HILL	2									
SECRETARY	0	Х		Χ				0.	0.	0.
(12) BILL MORRISON	2									<del></del> -
CHAIRMAN	0	X		Χ				0.	0.	0.
(13) AUBREY COLEMAN	_1_									
DIRECTOR	0	X						0.	0.	0.
(14) NICOLE JOLLY	1							_	_	_

	(B)			((						
(A) Name and title	Average hours per week	box	, unle cer ar	theck ss pe nd a d	erson direct	than is both or/trus	h an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	(list any hours for related	individual trustee or director	nstitutional trustee	Officer	Key em	Highest compensated employee	Former	(W-Ž/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
	organiza - tions below	ual trus itor	onal tro		employee	compe e				organizations
	dotted line)	lee	istee			nsated				
(15) DR. OLGA HICKMAN	1							_	_	_
DIRECTOR (16) DAVID RUSSELL	1	Х						0.	0.	0.
DIRECTOR (17) JOSEPHINE SMITH	0	Х						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
<u>(18)</u>										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								409,438.	0.	23,818.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).								<u>0.</u> 409,438.	0.	0.
Total number of individuals (including but not limited from the organization										23,818. pensation
										Yes No
3 Did the organization list any former officer, direction line 1a? If "Yes," complete Schedule J for such	tor, truste h <i>individu</i>	e, ke al	ey er	mplo		e, or	high	nest compensated	employee	. 3 Х
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab	le co 50.00	mpe	nsa If "\	ition Yes.	and " cor	oth	er compensation ete Schedule J for	from	
such individual										. 4 X
<ul> <li>5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> </ul>	s," comple	ete S	che	dule	J fo	or su	ch p	person		. <b>5</b> X
1 Complete this table for your five highest compensation from the organization. Report compen	sated inde	epen	dent	cor	ntra	ctors	tha	t received more t	han \$100,000 of	
(A)  Name and business addi		lile C	alem	uai	year	enun	ng v	(B)	ĺ	(C)
STRATEGIC FOCUS EDUCATIONAL SERVICES 1800		LAT	IME	R E	XPY	DAI	LA	Description of EDUCATIONAL S		Compensation 230,275.
	. 2302									,
O Table combon of index 1 to 1 to 2 to 2 to 2		1	- 11			1 -1			Ale a se	
2 Total number of independent contractors (including b \$100,000 of compensation from the organization	out not limi	ted to	o tho	se I	ısted	abo	ve)	wno received more	tnan	
BAA		TEFAC	1081	n9/0	11/22				-	Form <b>990</b> (2022)

		Check if Schedule O contains a response	onse or note to any	y line in this Part V	III		
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns	10,750. 84,438. 295,875. 1,443,392.				
ig or	g	Noncash contributions included in lines 1a-1f					
	h	Total. Add lines 1a-1f	Business Code	1,834,455.			
au G	2a	TRAINING REV	900099	76,630.	76,630.		
Rev	b		900099	75,924.	75,924.		
ice	С			,	, , , , ,		
Sen	d						
ram	e f	All other program service revenue					
Program Service Revenue	q			152,554.			
	3	Investment income (including dividends, in	iterest, and				
	4	other similar amounts)		8,831.			8,831.
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b  Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from (i) Securities	(ii) Other				
	,	sales of assets other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b Gain or (loss) 7c					
		Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ 84,438. of contributions reported on line 1c).  See Part IV, line 18 8a	15,444.				
her		Less: direct expenses 8b	62,603.				
ರ	С	Net income or (loss) from fundraising e	vents	-47,159.			-47,159.
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activ	ities				
		Gross sales of inventory, less					
		Net income or (loss) from sales of inve	7,000.	19,925.	19,925.		
S			Business Code				
Miscellaneous Revenue	11a b	MISCELLANEOUS	900099	10,855.	10,855.		
scellaneo Revenue	n n						
<b>8</b> 6	d	All other revenue					
Σ	е	Total. Add lines 11a-11d		10,855.			
	12	Total revenue. See instructions		1,979,461.	183,334.	0.	-38,328.

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

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	151,036.	110,256.	9,062.	31,718.
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	1,115,199.	810,435.	67,660.	237,104.
8	Pension plan accruals and contributions	1,113,133.	010,433.	07,000.	237,104.
0	(include section 401(k) and 403(b) employer contributions)	22,774.	14,302.	2,015.	6,457.
9	Other employee benefits	97,162.	81,064.	4,190.	11,908.
10	Payroll taxes	120,941.	91,348.	6,698.	22,895.
11	Fees for services (nonemployees):	·			
а	Management				
b	Legal				
С	Accounting	57,043.	19,508.	34,030.	3,505.
d	Lobbying	·	·		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	121,030.	70,360.	36,303.	14,367.
12	(A), amount, list line 11g expenses on Schedule 0.)	2,448.	1,684.	30,303.	764.
13	Office expenses	16,726.	12,580.	1,339.	2,807.
14	Information technology	10,720.	12/0001	1,003.	2,001.
15	Royalties				
16	Occupancy	85,506.	70,477.	3,060.	11,969.
17	Travel	55/5551	,	2,000.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,263.	34,611.	1,730.	6,922.
23	Insurance	13,473.	8,556.	2,800.	2,117.
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.)				
а	CLIENT SERVICES	279,646.	279,646.		
b	MEETINGS/MEALS	35,750.	29,140.	3,808.	2,802.
c		20,350.	16,523.	1,108.	2,719.
d		16,356.	16,356.		<u> </u>
6	All other expenses	26,925.	20,844.	2,892.	3,189.
25	Total functional expenses. Add lines 1 through 24e	2,225,628.	1,687,690.	176,695.	361,243.
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 lin	e in this Part X	<u></u>	<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			95,345.	1	79,011.
	2	Savings and temporary cash investments			644,846.	2	679,652.
	3	Pledges and grants receivable, net			472,996.	3	192,865.
	4	Accounts receivable, net			79,947.	4	95,618.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner office I contrib	er, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section	as defined under		6		
	7	Notes and loans receivable, net		· · · · ·		7	
S	8	Inventories for sale or use		<b>-</b>		8	
set	9	Prepaid expenses and deferred charges		<u> </u>	42.004	9	27 700
Assets		•	1 1		42,884.	9	37,792.
r.		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		372,607.			
	b	Less: accumulated depreciation		347,947.	47,923.	10c	24,660.
	11	Investments — publicly traded securities		_		11	
	12	Investments – other securities. See Part IV, line 11.		-		12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets.		-		14	
	15	Other assets. See Part IV, line 11		-	1 000 011	15	313,753.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,383,941.	16	1,423,351.
	17	Accounts payable and accrued expenses			33,930.	17	31,324.
	18	Grants payable				18	
	19	Deferred revenue			5,432.	19	
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, dir utor, or 3 ersons	ector, trustee, 35%		22	
コ	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	293,615.
	26	Total liabilities. Add lines 17 through 25		<u></u>	39,362.	26	324,939.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	е	X	·		·
ılar	27	Net assets without donor restrictions			915,763.	27	702,854.
B	28	Net assets with donor restrictions			428,816.	28	395,558.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
sts	30	Paid-in or capital surplus, or land, building, or equipn		<u></u>		30	
SS	31	Retained earnings, endowment, accumulated income	, or othe	r funds		31	
t A	32	Total net assets or fund balances			1,344,579.	32	1,098,412.
Ne	33	Total liabilities and net assets/fund balances			1,383,941.	33	1,423,351.
BA	A			L 09/01/22	,,		Form <b>990</b> (2022)

BAA Form **990** (2022)

Par	t 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	1,9	79,4	161.
2	Total expenses (must equal Part IX, column (A), line 25).	2	2,2	25,6	528.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	46,1	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,3	44,5	579.
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,				
<b>D</b>	column (B))	10	1,0	98,4	<u>112.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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 on Schedule O.				
2a	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 review separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	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		
ЗАА	TEEA0112L 09/01/22		Form	990 (	(2022)

#### **SCHEDULE A** (Form 990)

Name of the organization

# **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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

DAL	LA	S AFTERSCHOOL						6-083898		
Par	-	Reason for Public Cha						See instruc	ctions.	
The c	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
1	The state of the s									
2		A school described in <b>sectio</b>	<b>n 170(b)(1)(A)(ii).</b> (Att	ach Schedule E (Form	990).)					
3		A hospital or a cooperative h								
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in <b>sec</b>	ction 170(	b)(1)(A)(iii). E	inter the hospital's	
	_	name, city, and state:								
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ge or university owned	or oper	ated by	a governr	mental unit de	escribed in	
6 7	3.7	A federal, state, or local gov								
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8										
9										
10		,								
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4)	).		
12										
<b>a</b> Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <b>You must</b>										
h	complete Part IV, Sections A and B.  b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or									
2		management of the supporting must complete Part IV, Section	organization vested in	the same persons that c	ontrol or	manage	the suppo	orted organizat	ion(s). <b>You</b>	
c	L	Type III functionally integrated organization(s) (see instruction	. A supporting organizat ons). You must comp	ion operated in connection lete Part IV, Sections	n with, a <b>A, D, an</b>	nd function <b>d E.</b>	onally integ	grated with, its	supported	
d		Type III non-functionally integrated. The cinstructions). You must com	organization generally	must satisfy a distribu	nnection tion req	with its s uiremen	supported it and an a	organization(s) attentiveness	) that is not requirement (see	
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte inctionally integrated	en determination from t supporting organization	the IRS	that it is	s a Type I	, Type II, Typ	e III functionally	
f		nter the number of supported	-							
g		ovide the following informatio		3 (7			1		<del>i</del>	
(	( <b>i)</b> Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your g	s the tion listed loverning ment?		unt of monetary see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No				
(A)	A)									
(B)										
(C)										
(D)										
(E)	_									
T										

# DALLAS AFTERSCHOOL

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)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,399,159.	2,066,335.	2,143,890.	2,032,624.	1,834,455.	10,476,463.
	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	Total. Add lines 1 through 3	2,399,159.	2,066,335.	2,143,890.	2,032,624.	1,834,455.	
5	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)						772,482.
6	Public support. Subtract line 5 from line 4						9,703,981.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
7	Amounts from line 4	2,399,159.	2,066,335.	2,143,890.	2,032,624.	1,834,455.	10,476,463.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	343.	278.	602.	2,655.	8,831.	12,709.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0101	2.00	332.	2,3331	3,3321	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	2,214.	4,979.	2,379.	33.	10,855.	20,460.
	Total support. Add lines 7 through 10						10,509,632.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	629,271.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	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	022 (line 6, columi	n (f), divided by li	ne 11, column $\overline{(f)}$	)	14	92.33%
	Public support percentage from						91.94%
16a	<b>33-1/3% support test—2022.</b> If t and <b>stop here.</b> The organization						
b	<b>33-1/3% support test—2021.</b> If the and <b>stop here.</b> 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, o	check this box
17a	<b>10%-facts-and-circumstances te</b> 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
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organizat	test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part ed organization	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions

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		picase complete i	<u> </u>			
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(5) 2513	(0) 2020	(a) 2321	(C) ZOZZ	(i) Total
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						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> 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 on 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.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					
	tion C. Computation of Pul						
	Public support percentage for 20	•	.,,		•		<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17		•		-	***		<u> </u>
	Investment income percentage f						% 
	<b>33-1/3% support tests—2022.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	
	o 33-1/3% support tests—2021. 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						

# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
k	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	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		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
t	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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If "Yes." provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer 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		

Part	t IV	Supporting Organizations (continued)			
11	l laa k	the averagination accorded a gift or contribution from any of the following payment?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Sect	tion I	B. Type I Supporting Organizations			1
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported inization(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		
	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 <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			•
				Yes	No
	of each	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supp	orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did th	the 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		Yes	No
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how				
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at				
	all tin	nes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played	3		
		is regard.  E. Type III Functionally Integrated Supporting Organizations			
_					
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	吕	The organization satisfied the Activities Test. Complete line 2 below.			
b	吕	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	ШТ	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.	ľ	Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
		trantially all of its activities.	2a		
		he activities described on 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			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the each	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 <b>Part VI.</b>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>inizati</u>	ons	
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	v. 20, 1970 (explain ir t complete Sections A	Part VI). <b>See</b> 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):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
(	Total (add lines 1a, 1b, and 1c)	1d		
•	e 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	<b>Distributable Amount.</b> 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

BAA Schedule A (Form 990) 2022

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	inued)	
Sec	tion D - Distributions		Current Year
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 <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

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.)

Page 8

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	 2022	 2021	2020	 2019	 2018
MISCELLANEOUS INCOME	\$ 10,855.	\$ 33.	\$ 2,379.	\$ 4,979.	\$ 2,214.
TOTAL	\$ 10,855.	\$ 33.	\$ 2,379.	\$ 4,979.	\$ 2,214.

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

# Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 2022

Employer identification number

OMB No. 1545-0047

	ation type (check one)	):	76-0838983	
Filers of	:	Section:		
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	nc	
		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 <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a S <sub>l</sub>	pecial Rule. See instructions.	
General	Rule			
	<u> </u>	filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for decontributions.	• • •	
Special I	Rules			
X	regulations under section 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line of from any one contributor, during the year, total contributions of the greater at on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or	
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.			
	contributor, during the contributions totaled during the year for a <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recent year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions then exclusively religious, charitable, etc., purpose. Don't complete any of the past to this organization because it received nonexclusively religious, charitable, ore during the year.	no such at were received rrts unless the etc., contributions	
must ans	swer "No" on Part IV, lin	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9et the filing requirements of Schedule B (Form 990).		

Schedule B (Form 990) (2022) Name of organization Employer identification number

DALLAS AFTERSCHOOL 76-0838983

raiti	Contributors (see instructions). Ose duplicate copies of Part I if additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>150,000.</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
2		\$75,000.	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
3		\$ <u>50,000</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
4		\$75,000.	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>5</u>		\$75,000.	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>6</u>		\$95,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

2 Employer identification number

76-0838983

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>187,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>385,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 135,000.	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_		\$295,875.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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.)
	TEFA07001 07/00/00		<u>,                                      </u>

1 1 Pa

DALLAS AFTERSCHOOL

76-0838983

raitii	<b>Noticash Property</b> (see instructions). Use duplicate copies of Part II if additional s	pace 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
		\$ 	
(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
	<u></u>	\$	
BAA	TEEA0703L 07/22/22	Schedule I	<u> </u> B (Form 990) (2022)

Part III	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 <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)\$							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A 							
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address	-	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee					
	<u> </u>							

### SCHEDULE C (Form 990)

# **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.			
Name	of organ	ization	,		Employer identification	ation number
		AFTERSCHOOL			76-083898	
			rganization is exempt under section			zation.
1	Provi	de a description of the one of the of the of the official structions for definition of the official description of the office of	organization's direct and indirect political on of "political campaign activities."	ampaign activities in	Part IV.	
2	Politic	cal campaign activity ex	penditures. See instructions		\$	
			campaign activities. See instructions			
Par	t I-B	Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	\$	0.
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955.	\$	0.
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4a	Was a	a correction made?				☐Yes ☐No
b	If "Ye	es," describe in Part IV.				
Par	t I-C	Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter	the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities \$	
2	Enter 527 e	the amount of the filing exempt function activitie	g organization's funds contributed to other s	organizations for sec	tion \$	
3	Total line 1	exempt function expended	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	
4			e Form 1120-POL for this year?			
5	Enter orgar 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 as 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 ivered to a separate po ace is needed, provide	itical organizations to willing organization's fun- olitical organization, such e information in Part IV	which the filing ds. Also enter the as a separate
		<b>(a)</b> Name	<b>(b)</b> Address	<b>(c)</b> 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) 2022

76-0838983

Pai	Complete if section 501(	the organization (h)).	n is exempt under sec	ction 501(c)(3) and	filed Form 5768 (el	ection under
Α	Check if the filin	g organization belong	s to an affiliated group (and	list in Part IV each affilia	ated group member's name	<u>,</u>
	address,	EIN, expenses, and	d share of excess lobbying	expenditures).		
В	Check if the filin	ig organization checke	ed box A and "limited control	" provisions apply.		
	(The term	Limits on Lobby "expenditures" mea	ing Expenditures ins amounts paid or incur	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditu	ures to influence pul	blic opinion (grassroots lob	bying)		
b			egislative body (direct lobb		710.	
c	, , ,	•	nd 1b)		710.	0.
d		•	es 1c and 1d)		1,686,980.	
е					1,687,690.	0.
f			ount from the following tab		234,385.	
Γ	If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:	231/303.	
	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			
L	Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
L	Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess of	over \$1,500,000.		
L	Over \$17,000,000		\$1,000,000. of line 1f)		50.506	
g h		•	s, enter -0		58,596.	<u> </u>
ï	-		, enter -0		0.	0.
j	If there is an amount other	er than zero on either	line 1h or line 1i, did the org	anization file Form 4720	reporting	
	(Som	e organizations tha	4-Year Averaging Period L t made a section 501(h) el low. See the separate inst	ection do not have to o		
		Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	(e) Total
2a	Lobbying nontaxable amount	235,71	3. 219,785.	231,658.	234,385.	921,541.
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,382,312.
С	Total lobbying expenditures	764	4. 3,058.		710.	4,532.
d	Grassroots nontaxable amount	58,92	8. 54,946.	57,915.	58,596.	230,385.
е	Grassroots ceiling amount (150% of line 2d, column (e))					345,578.
		l	i			
f BAA	Grassroots lobbying expenditures					0 . le C (Form 990) 2022

 Schedule C (Form 990) 2022
 DALLAS AFTERSCHOOL
 76-0838983
 Page 3

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

	(election under section 501(n)).					
_		(a	)	(	(b)	
For desc	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Am	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:  Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		-			
	Media advertisements?		_			
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
q	Direct contact with legislators, their staffs, government officials, or a legislative body?					
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	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					
С	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	t III-A   Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5)	, or			
	section 501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p					
Pa	(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes."	c)(5) Part	, or s III-A,	ection 5 line 3, is	01(c) ,	)
1	Dues, assessments and similar amounts from members.		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year.		2b			
С	Total		2c			
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 expenditures next year?		4			

### 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.

5 Taxable amount of lobbying and political expenditures. See instructions.....

BAA Schedule C (Form 990) 2022

# SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

DAI	LLAS AFTERSCHOOL	76-0838983
Pai		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds (b)	Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advise are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose compermissible private benefit?	used only onferring
Pai	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		torically important land area
		tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation easement on the
	last day of the tax year.	
		Held at the End of the Tax Year
	a Total number of conservation easements	
	b Total acreage restricted by conservation easements	
(	c Number of conservation easements on a certified historic structure included in (a) 2 c	
(	d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	tion during the
4	Number of states where preparty subject to conservation accompany is leasted	
4	Number of states where property subject to conservation easement is located	olations
5	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	ments during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	ne organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
1 a	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement ar historical treasures, or other similar assets held for public exhibition, education, or research in furtheran Part XIII the text of the footnote to its financial statements that describes these items.	nd balance sheet works of art, ice of public service, provide in
ŀ	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and b historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu following amounts relating to these items:	blic service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1.  (ii) Assets included in Form 990, Part X.	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pramounts required to be reported under FASB ASC 958 relating to these items:	
á	<b>a</b> Revenue included on Form 990, Part VIII, line 1	\$
ŀ	<b>b</b> Assets included in Form 990, Part X	\$

Part III	Organizations Main	taining Colle	ctions of Art, His	torical Treasures,	or Other Similar A	ssets	(contii	าued)_
	the organization's acquisition (check all that apply):	, accession, and	other records, check a	ny of the following that m	ake significant use of its	collectio	n	
a P	ublic exhibition		<b>d</b> Loan o	or exchange program				
<b>b</b> S	cholarly research		e Other					
<b>c</b> P	reservation for future gener	ations						
4 Provide Part >	e a description of the organiz	ation's collection	s and explain how they	further the organization's	s exempt purpose in			
to be	g the year, did the organiza sold to raise funds rather th	nan to be mainta	nined as part of the o	rganization's collection	?	Yes		No
Part IV	Escrow and Custod reported an amount on Fo	ial Arrangem orm 990, Part X,	ents. Complete if th ine 21.	e organization answered	l "Yes" on Form 990, Par	rt IV, lin	e 9, or	
1 a Is the	organization an agent, trus	stee, custodian o	or other intermediary	for contributions or othe	er assets not included	<b>—</b>	г	<b>-</b>
	rm 990, Part X?					Yes	L	No
<b>b</b> If "Yes	s," explain the arrangement in	n Part XIII and co	mplete the following ta	ble:	Г			
- Danim	ning balance					Amoun	t	
ū	ning balanceons during the year							
	outions during the year							
	g balance							
	e organization include an a					Yes		No
	e organization include arr a s," explain the arrangemen				,		_	- NO
טוו ופ	s, explain the arrangemen	t III Fait Aiii. Gi	leck fiere ii tile expia	nation has been provide	ou on Fait Am		· · · · · L	_
Part V	Endowment Funds.	Complete if the	organization answered	1 "Yes" on Form 990 Pa	rt IV line 10			
I alt v	Endownient i diids.	(a) Current yea				(e)	Four years	s hack
<b>1 a</b> Begin	ning of year balance	(a) Garront you	(b) The year	(c) Two yours buch	(u) Till co years back	(6)	our your	<u>J Buck</u>
	butions					-		
						+		
	vestment earnings, gains,							
	s or scholarships					-		
<b>e</b> Other	expenditures for facilities							
	rograms							
	nistrative expenses							
-	f year balance			- 1 (-)\   -				
	de the estimated percentage		year end balance (iin	e ig, column (a)) neid	as:			
	designated or quasi-endov	vment 8						
	anent endowment							
	endowment		J 1000/					
me pe	ercentages on lines 2a, 2b, a	iu 20 Siloulu equa	11 100%.					
	ere endowment funds not in t	he possession of	the organization that a	ire held and administered	I for the	٢	Yes	No
9	ization by: nrelated organizations					3a(i)	162	NO
• • •	elated organizations					3a(ii)		
• • •	s" on line 3a(ii), are the rel					3b		
	ibe in Part XIII the intended	ŭ	•			. 30		<u> </u>
Part VI	Land, Buildings, an			int farias.				
I art VI	Complete if the organizati			IV lina 11a Saa Form Q	an Part Y line 10			
			1		1			
	Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) i	Book va	ilue
1 a Land.			(	22.2.2 (00.0.)	2.2   2.3   3.4   3.4			
<b>b</b> Buildi	ngs							
	hold improvements			32,268.	31,623.			645.
	ment			338,156.	314,141.		24	,015.
<b>e</b> Other				2,183.	2,183.			0.
Total. Add	ines 1a through 1e. (Colum	ın (d) must equa	I Form 990, Part X, o				24	,660.

BAA Schedule D (Form 990) 2022

	n Form 990. Part IV. Iir	le 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(B) 			
(C)			
(D) (E)			
	-		
<u>(F)</u>	_		
(G) (H)	_		
	-		
(l) 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" o	n Form 990. Part IV. lir	le 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	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.)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.		e 11d. See Form 990. Part X. line 15.	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o		ne 11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE	n Form 990, Part IV, lir	e 11d. See Form 990, Part X, line 15.	<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)	n Form 990, Part IV, lir	e 11d. See Form 990, Part X, line 15.	<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)	n Form 990, Part IV, lir	e 11d. See Form 990, Part X, line 15.	<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" o  (a) Dotal Column (b) must equal Form 990, Part X, column (B) line 13.)  (a) Dotal Column (b) must equal Form 990, Part X, column (B) line 13.)  (a) Dotal Column (b) must equal Form 990, Part X, column (B) line 13.)  (a) Dotal Column (b) must equal Form 990, Part X, column (B) line 13.)	n Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Dot  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)	n Form 990, Part IV, lir	e 11d. See Form 990, Part X, line 15.	<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)	n Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Dot  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)	n Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	n Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)	n Form 990, Part IV, lir	e 11d. See Form 990, Part X, line 15.	<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column	n Form 990, Part IV, linescription EASE		313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered "Yes" o	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) December 1. (a) December 2. (a) December 3. (a) December 3. (b) Interest 3. (a) December 3. (b) Interest 3. (a) December 3. (b) Interest 3. (a) December 3. (a) December 3. (b) Interest 3. (c) Interest 3. (a) December 3. (b) Interest 3. (c) Interest 3. (a) December 3. (b) Interest 3. (c) Interest	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753 313,753 313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description (a) Description (a) (b) Federal income taxes  (2) RIGHT-OF-USE LIABILITY - OPERATING	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753 313,753 313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description (Column (a) Description (C	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753 313,753 313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) December (C)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description (C)  (1) Federal income taxes  (2) RIGHT-OF-USE LIABILITY - OPERATIN (3)  (4)  (5)	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753 313,753 313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Desc  (1) Federal income taxes  (2) RIGHT-OF-USE LIABILITY - OPERATIN  (3)  (4)  (5)  (6)	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753 313,753 313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X  Other Liabilities.  Complete if the organization answered "Yes" o  1.  (1) Federal income taxes  (2) RIGHT-OF-USE LIABILITY - OPERATIN  (3)  (4)  (5)  (6)  (7)	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753 313,753 313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X  Other Liabilities.  Complete if the organization answered "Yes" o  1.  (1) Federal income taxes  (2) RIGHT-OF-USE LIABILITY - OPERATIN  (3)  (4)  (5)  (6)  (7)  (8)	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753 313,753 313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X  Other Liabilities.  Complete if the organization answered "Yes" o  1.  (a) Desc.  (1) Federal income taxes  (2) RIGHT-OF-USE LIABILITY - OPERATIN  (3)  (4)  (5)  (6)  (7)  (8)  (9)	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753 313,753 313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X  Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Desc.  (1) Federal income taxes  (2) RIGHT-OF-USE LIABILITY - OPERATIN  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	n Form 990, Part IV, linescription CASE  (B) line 15.)		313,753 313,753 313,753
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" o  (a) Do  (1) RIGHT-OF-USE ASSET - OPERATING LE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X  Other Liabilities.  Complete if the organization answered "Yes" o  1.  (a) Desc.  (1) Federal income taxes  (2) RIGHT-OF-USE LIABILITY - OPERATIN  (3)  (4)  (5)  (6)  (7)  (8)  (9)	n Form 990, Part IV, linescription CASE  (B) line 15.)	ne 11e or 11f. See Form 990, Part X, line 25	313,753

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1,979,461.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1		1,979,461.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,979,461.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expens	aa nay Datuun	
i art All Reconciliation of Expenses per Addited Financial Statements with Expens	ses per Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ses per Return	
·		2,225,628.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	1	2,225,628.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	1	2,225,628.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	2,225,628.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2e 3	2,225,628.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a  b Other (Describe in Part XIII.)  4 b  4 b  4 b  4 b  4 b  4 b  4 c  5 c  6 c  7 c  7 d  8 c  9 c  9 c  9 c  9 c  9 c  9 c  9 c	2e 3	2,225,628.

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, 2023. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX.

BAA Schedule D (Form 990) 2022

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, 2023, 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)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

2022

Open to Public Inspection

Employer identification number

DA]	LLAS AFTERSCHOOL					76-083898	3	
Pa	rt I Fundraising Activities. Complete	e if the organiza	tion answe	ered "Yes" art.	on Form 990, Part IV, lir	ne 17.		
23	Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a							
(i	Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custo of contr	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization	
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
Tota	ıl						0.	
3					ontributions or has been	notified it is exempt from		

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.

n)			(a) Event #1  RECESS (event type)	(b) Event #2	(c) Other events  NONE (total number)	(d) Total events (add column (a) through column (c))			
Revenue	1	Gross receipts	99,882.			99,882.			
Re	2	Less: Contributions.	84,438.			84,438.			
	3	Gross income (line 1 minus line 2)	15,444.			15,444.			
	4	Cash prizes	==,===						
	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs	7,000.			7,000.			
	7	Food and beverages	19,025.			19,025.			
ect E	8	Entertainment							
₫	9	Other direct expenses	36,578.			36,578.			
	10 11	Direct expense summary. Add lines 4 thronet income summary. Subtract line 10 from				,			
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	tion answered "Ye	s" on Form 990, Pa	art IV, line 19, or re				
Revenue		,	(a) Bingo	<b>(b)</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							
xper	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes%				
	7	Direct expense summary. Add lines 2 thre	ough 5 in column (d)						
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)					
а	Is th		g activities in each of th	nese states?					
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								

Schedule G (Form 990) 2022	DALLAS AFTE	RSCHOOL	76-083	8983	Page 3
11 Does the organization		nonmembers?		. Yes	No
		rust, or a member of a partnership or ot		Yes	No
•	of gaming activity conducted in:		11		
· ·	•		<del> </del>		%
		the organization's gaming/special event			િ
Name					
Address					
<b>b</b> If "Yes," enter the amo	ount of gaming revenue receive	rty from whom the organization receied by the organization \$			No
Name					
Address					
16 Gaming manager infor	mation:				
Name					
Gaming manager comp	pensation \$				
Description of services	provided				
Director/officer	Employee	Independent contrac	tor		
17 Mandatory distributions	5:				
		itable distributions from the gaming pro		Yes	□No
<b>b</b> Enter the amount of dist		to be distributed to other exempt organ			
and Part III, I	<b>II Information.</b> Provide th ines 9, 9b, 10b, 15b, 15c See instructions.	e explanations required by Pa , 16, and 17b, as applicable.	art I, line 2b, columns Also provide any addi	(iii) and (v tional	);

 BAA
 TEEA3703L
 0705/22
 Schedule G (Form 990) 2022

### **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

DALLAS AFTERSCHOOL

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

76-0838983

Par	t I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of t VII, Section A, line 1a. Complete Part III to provide any relevant	the following to or for a person listed on Form 990, Part ant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization fol reimbursement or provision of all of the expenses described a		1b		
2	Did the organization require substantiation prior to reimbursin trustees, and officers, including the CEO/Executive Director, r		2		
3	Indicate which, if any, of the following the organization used to est Executive Director. Check all that apply. Do not check any box establish compensation of the CEO/Executive Director, but ex	ablish the compensation of the organization's CEO/ xes for methods used by a related organization to plain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, organization or a related organization:  Receive a severance payment or change-of-control payment?		4a		Х
b	Participate in or receive payment from a supplemental nonqui	alified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compe	ensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the application	cable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did th contingent on the revenues of:	ne organization pay or accrue any compensation			
	The organization?		5a		X
b	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of:	ne organization pay or accrue any compensation			
	The organization?		6a		X
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, of payments not described on lines 5 and 6? If "Yes," describe in	did the organization provide any nonfixed n Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or ac	crued pursuant to a contract that was subject	, 7		
	to the initial contract exception described in Regulations section of the section	on 53.4958-4(a)(3)?	8		v
	ii 100, describe iii i dit iii		3		X
9	If "Yes" on line 8, did the organization also follow the rebuttable pr section 53.4958-6(c)?		9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 DALLAS AFTERSCHOOL 76-0838983 Page **2** 

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
-					·			
	(i)	<u>126,462.</u>	<u> 15,000.</u>	0.	<u>3,791.</u>	9,208.	<u> 154,461.</u>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	<u> 127,976.</u>	<u>20,000.</u>	0.	<u>3,867.</u>	259.	<u> 152,102.</u>	<u>0.</u>
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)		L		L		L	
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BAA TEEA4102L 07/25/22 Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 DALLAS AFTERSCHOOL 76-0838983 Page 3

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BAA Schedule J (Form 990) 2022

### SCHEDULE O (Form 990)

### 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DALLAS AFTERSCHOOL

Department of the Treasury Internal Revenue Service

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 QUALITY AND AVAILABILITY OF AFTERSCHOOL AND SUMMER PROGRAMS IN DALLAS COUNTY. BY SUPPORTING 180 AFTERSCHOOL AND SUMMER PROGRAMS AND THEIR STAFF MEMBERS, WE TRANSFORM THE LIVES OF OVER 14,000 STUDENTS ANNUALLY.

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, EXTERNAL ACCOUNTANT, THE TREASURER 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 EVENT IS CALCULATED AS FOLLOWS:

CONTRIBUTIONS FROM FUNDRAISING EVENT REPORTED ON PART VIII, LINE 1C \$ 84,438

GROSS INCOME FROM FUNDRAISING EVENT REPORTED ON PART VIII, LINE 8A 15,444

LESS: DIRECT COSTS OF EVENT REPORTED ON PART VIII, LINE 8B (62,603)

NET ECONOMIC BENEFIT OF FUNDRAISING EVENT \$ 37,279