| | <u> </u> | And the second of the second o | | هره المورية المنظامي و ما الما المادود | Albert de participation de la company de la | | |
|---------------------------|---|--|--|--|---|--------------------------|--|
| ALLST/ | TARPLIND 0606/2017 | | of Organization Exe | empt From In | come Tax | . L | OH/B No. 1545-0047 |
| Form Depart Interns | m 990 Interest of the Tribable and Revenue Service | Under section 501(c) Do not e |), 527, or 4947(a)(1) of the Interna enter social security numbers on tion about Form 990 and its inst | al Revenue Code (exce n this form as it may be | copt private foun se made public. | dations) | 2015 |
| | | alendar year, or tax year beginnin | | | | | AMERICA NO. |
| | | G Name of organization | tar Fundraising | | | D Employer Identif | ication remiter |
| = | Address change Karne change | Doing business as | | | | 20-5207 | 747 |
| \equiv | Mame crumpe Initial rotum | Number and street (or P.D. box H mail is no 16648 E 106th Drive | | | Roomenta | 303-514 | W |
| H | Physicological forminated | City or sown, state or province, country, and | | | L | 300 02- | -3000 |
| | Amended return | Commerce City | CO 80022 | | | Q Gross receipts \$ | 267,090 |
| 150 | Application pending | F Name and address of principal officer: Kelly Shater | | | Miles to this a gr | oup return for subordina | teal 🔲 Yee 🔀 No |
| | | 16648 E 106th Dr | cive | | FI(b) Are all sub | bordinates included? | Yes No |
| | | Commerce City | CO 80022 | <u>'</u> | # TVa; | " allach a šel (voe ha | inclore) |
| | Tablecontript platua: | |) < (meet no.) 4947(a)(1) | | | | |
| | Webelte: ► W Form of organization: | rww.allstarfundrai | defor Other | | 15(c) Group and Year of formation: 2 | 007 w 80 | to of logal dominates. CO |
| - | CAPTOCALS. | CONTRACT CONTRA | MEDI ONNE P | | Tes u santana | ,007 | M C River CA 103-02. |
| | 1 Briefly de | eacribe the organization's ralesion or | | | | | |
| - Trance | at m | iralsing for school to major venues in the De | enver metro area. | • ••••••••••• | | | ······································ |
| e g | | nia box 🕨 🔲 if the organization disc | | osed of more train.2 | 5% of its not as | | ************ |
| 46 | 3 Number of | of voting members of the governing | body (Part VI, line 1a) | 1.1 | ~~4~4~2017 | 13 5 5 | |
| Activities | 4 Number of | of independent voting members of the | ne governing body (Fart V., and | , 19) [8] AV. | ٠ <u>٠٠</u> . ٠. ٠. ١ | - 19 5 | |
| 8 | 1 | mber of voluntaers (estimate if naces | | مينسندا ا | NEN U | 1 8 16 | 7 |
| 1 | 7a Total unre | related business revenue from Part \ | Vill, column (C), line 12 | 00 | سنسس | 7a | 0 |
| U | | lated business taxable income from | Form 990-T, line 34 | | Prior Ye | 7b | Current Year |
| 5 . | 8 Contribut | tions and grants (Part Vill, line 1h) | | | | 0,128 | 267,058 |
| D g | 9 Program | service revenue (Part VIII, line 2g) | | | | | 0 |
| 72 | 10 Investme | ant incoma (Part VIII, column (A), lin vanua (Part VIII, column (A), linos 5, | nes 3, 4, and 7d) | L | | | <u>32</u> 0 |
| 3 | 12 Total rev | venue (Part VIII, column (A), knes 5, renue – add ilnes 8 through 11 (musi | , 60, 80, 80, 100, ene 110, d equal Part VIII, column (A), if | na 12) | | 0,128 | 267,090 |
| \bar{n} | 13 Grants a | ınd similər emounta paid (Part IX, co | olumn (A), fines 1-3) | | | 8,619 | 258,857 |
| | 14 Benefits | paid to or for members (Part IX, cok | turnn (A), line 4) | | | | 0 |
| _ | 16 Salaries, | , other compensation, employee ben | esits (Part IX, column (A), unes | · 6–10) | | | <u>0</u> |
| \$ | b Total fun | , cuter compensation, employee beil onal fundrateing fees (Part IX, column idialsing expenses (Part IX, column i | nn (A), line 11e) (D), line 25) ▶ | Ö | | | |
| | 17 Other ex | penses (Pert IX, column (A), lines 1 | 1a-11d, 11F-24e) | | | 1,421 | 1,150 |
| ń | 18 Total corp | penses. Add lines 13-17 (must equa | al Part IX, column (A), line 25) | | | 0,040 | 260,007 |
| 2 - 5 | 18 Revenue | bass exponses. Subtract line 18 from | m line 12 | | Beginning of Cu | 9,912 | 7,083 End of Year |
| り譜 | 20 Total aar | sets (Part X, line 16) | ,, | | | 9,721 | 56,804 |
| 3 2 | 21 Total liab | blillies (Part X, fine 26) | | [| | 9,721 | 56,804 |
| | STATE OF BUILDING STATE OF THE | ots or fund balances. Subtract line 21 Ignature Block | I from the 20 | | <u> </u> | 9,121 | 50,504 |
| Un | inder penalties of | perjury, I declare that I have examined the | this return, including accompanying | schedules and statems | ente, and to the t | sest of my knowled; | as and bellaf, it is |
| tru | Je, correct, and o | complete. Declaration of preparer (other t | than officer) is based on all informs | alion of which preparer t | has any knowled; | ge. | |
| Sig Her | re l | Signature of officer Kelly Shaw Type or print name and title | lly shaw | Presi | .dent | Durin 8 | 10/2017 |
| | Print/Type | pe preparer's name | Preparer's eigneture | | Onto | Check [] | PTIN |
| Pald | | | | | | self-employed | <u></u> |
| | eparer Firm's New Only | <u></u> | | ~~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Flord's EUN | |
| | Firm's ad | ettents) | | | | Phone no. | |
| | | | on above? (see instructions) | | | | . Yes No |

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| m 990 (2015) All Star Funds | | 20-5207747 | Page |
|---|---|---|---|
| | | ents e to any line in this Part III | Л |
| Briefly describe the organization's mission | | S to dily into in this t dit in | |
| Fundraising for schoo | l tuition, relie | gious studies, and ath | letic activities |
| at major venues in th | e Denver metro | area. | |
| *** ** ********* ******* ** ** ** ** | | | |
| | | | <u> </u> |
| Did the organization undertake any signi | | | |
| | | | Yes 🗓 No |
| If "Yes," describe these new services on | | tidt- | |
| Did the organization cease conducting, or services? | | | Yes X No |
| If "Yes," describe these changes on Sch | | | |
| · · · · · · · · · · · · · · · · · · · | | th of its three largest program services, as me | asured by |
| | • | to report the amount of grants and allocations | • |
| the total expenses, and revenue, if any, | | - | |
| • • | | | |
| (Code:) (Expenses \$ | 258,907 including | grants of \$ 258,857) (Replatforms to specifical | venue \$ |
| Funds are raised thro | ugh different | platforms to specifical | lly benefit youth |
| sports and educationa | l endeavors. | Over 160 individuals w | ere supported |
| during the fiscal yea | <u>r </u> | | |
| | | · · · · · · · · · · · · · · · · · · · | |
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| *** *** **** ***** *** * ****** * **** | | | |
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| (Code:) (Expenses \$ | including | grents of \$) (Re | venue \$ |
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| *************************************** | | | |
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| | | | |
| (Code:) (Expenses \$ | including | grants of \$) (Re | venue \$ |
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| • | | | |
| d Other mooram services // Describe in Sci | nedula O) | | |
| d Other program services (Describe in Sci (Expenses \$ | hedule O) |) (Revenue \$ | |

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and all selections and the

| | 1990 (2015) All Star Fundraising 20-5207747 | | Р | age 3 |
|-----|---|------------|----------|-------|
| | 1913 Checkist 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 | | x | |
| 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 | | X |
| 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 | | X |
| 6 | 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 98-197 If "Yes," complete Schedule C, | 1 1 | | |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | ļ |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | Ì |
| | "Yes," complete Schedule D, Parl I | 6 | | X |
| 7 | Old the organization receive or hold a conservation easement, including easements to preserve open space, | ' | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 1 | | l |
| | complete Schedule D, Part III | 8 | | X |
| 8 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | i ' | 1 | İ |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | . | <u> </u> | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 8 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | 1 | ł | l |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | ff 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. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 1 | ŀ | |
| | complete Schedule D, Part VI | 11a | <u> </u> | X |
| b | | \ | | ۱ |
| | of its total assets reported in Part X, line 187 if "Yes," complete Schedule D, Part VII | 115 | | X |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII | 110 | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 1 | | 1 |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 110 | X | |
| ٠ | Did the organization report an amount for other flabilities in Part X, line 25? If "Yeş," complete Schedule D, Part X | 11e | <u> </u> | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 1 | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 111 | <u> </u> | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tex year? If "Yes," complete | | | ۱ |
| | Schedule D, Parts XI and XII | 12a | <u> </u> | X |
| þ | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | 1 | l |
| | "Yes," and if the organization answered "No" to line 12e, then completing Schedule D, Parts XI and XII is optional | 12b | <u> </u> | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | <u> </u> | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 148 | | X |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 1 | 1 | 1 |
| | fundralsing, business, investment, and program service autivities outside the United States, or eggregate | } ' | ŀ | l |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 1 | ŀ | l |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | <u> </u> | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 1 | | l |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on | { | l | [|
| | Part IX, column (A), tines 8 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | <u> </u> | X |
| 18 | Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on | | | ا |
| | 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? | | | l |
| | If "Yes," complete Schedule G, Part III | 19 | | X |

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Form 990 (2015) All Star Fundraising 20-5207747 Page 4 Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 27 if "Yes," complete Schedule I, Parts I and III X 22 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? If "Yes," complete Schedule J X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 26a Section 501(c)(3), 501(c)(4), and 501(c)(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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? X If "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key amployee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O. Form 990 (2015)

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| | 990 (2015) All Star Fundraising | 20-5207747 | Page | e 5 |
|-----|--|--|-----------------|----------|
| Pe | Statements Regarding Other IRS Filings and Tax | Compliance | | _ |
| | Check if Schedule O contains a response or note to | any line in this Part V | <u> </u> | |
| | | 1 1 | Yes N | lo |
| 1a | Enter the number reported in 8ox 3 of Form 1096. Enter -0- if not applicable | | | |
| ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applica- | able 1b 0 | | # |
| C | Did the organization comply with backup withholding rules for reportable pa | yments to vendors and | | |
| | reportable gaming (gambling) winnings to prize winners? | | 1c | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wag | | | ₩. |
| | Statements, filed for the calendar year ending with or within the year covere | od by this return 2a 0 | | |
| b | If at least one is reported on line 2s, did the organization file all required fed | | 2b | ****** |
| | Note. If the sum of lines 1s and 2s is greater than 250, you may be require | d to e-file (see instructions) | | # |
| 3a | Did the organization have unrelated business gross income of \$1,000 or ma | ore during the year? | 3a 3 | K |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide ar | - 11/11 11 11 11 11 11 11 11 11 11 11 11 | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest | ****** **** **** **** **** **** | | _ |
| | over, a financial account in a foreign country (such as a bank account, sec. | • | 1 1 1 | |
| | account)? | and books of a said of the said | 4a 3 | K |
| ь | If "Yes," enter the name of the foreign country: | •••••• | | |
| _ | See instructions for filling requirements for FinCEN Form 114, Report of For | minn Bank and Financial Accounts | | # |
| | (FBAR). | Sign Cank and Friancial Propositio | | . |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any ti | ime during the tay year? | 5a 2 | K |
| h | Did any taxable party notify the organization that it was or is a party to a pro- | | | K |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | NIIDYAG INT SHARE (IGUS STORY) | - 5c | <u> </u> |
| 6a | | then \$100,000, and slid the | 1 00 | |
| VA | | • • • | | ĸ |
| h | organization solicil any contributions that were not tax deductible as charita if "Yes," did the organization include with every solicitation an express state | ***** * ******* ** **** | 6a 2 | <u>-</u> |
| U | allia coma mat torre de dont l'international | | امدا | |
| - | gifts were not tax deductible? Organizations that may receive deductible contributions under section | | 6b | 393 |
| 7 | • | • • | Parley a | |
| 8 | Did the organization receive a payment in excess of \$75 made partly as a continuous continuous and the state of the state | contribution and partly for goods | | 200 |
| | | | 7a | |
| Ь | If "Yes," did the organization notify the donor of the value of the goods or se | | 7b | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible person | • • • | 1_ | |
| | Marie Braham and a second seco | | 7c | 232 |
| đ | | [7d] | _ == == | 200 |
| 8 | Did the organization receive any funds, directly or indirectly, to pay premium | *************************************** | 70 | |
| f | Old the organization, during the year, pay premiums, directly or indirectly, o | * *** ** ****** ******* ******* ******* | 71 | |
| 9 | If the organization received a contribution of qualified intellectual property, | | 70 | |
| h | If the organization received a contribution of cars, boats, amplanes, or other | ••••• | 7h | ana a |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a don | • | haman haman ham | e: |
| | sponsoring organization have excess business holdings at any time during | the year? | 8 | बदळ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| 8 | Did the sponsoring organization make any taxable distributions under section | | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advis | or, or related person? | 9b | वरकर |
| 10 | Section 501(c)(7) organizations. Enter: | 1 1 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| Þ | Gross receipts, included on Form 990, Part VIII, line 12, for public use of cl | ub facilities10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | 11a | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other | | 1808 182 182 | |
| | against amounts due or received from them.) | <u> 11b </u> | | 33 |
| 12a | | g Form 990 in fleu of Form 1041? | 12a | |
| ь | If "Yes," enter the amount of tax-exempt interest received or accrued during | the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | is the organization (loansed to issue qualified health plans in more than one | state? | 13a | |
| | Note. See the instructions for additional information the organization must | | | |
| b | Enter the amount of reserves the organization is required to maintain by the | • | | |
| | the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | 13c | | |
| 14a | Did the organization receive any payments for indoor terming services during | ng the tax year? | 14a 2 | K |
| ь | If "Yes," has it filed a Form 720 to report these payments? If "No," provide | | 14b | |
| | | | 50m 990 m | |

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| orm | 990 (2015) All Star Fundraising | 20-5207747 | | | age 6 |
|-----------|--|--|--------------|--------------|------------------|
| Pá | Governance, Management, and Disclosure For each | h "Yes" response to lines 2 through 7b below, an | d for a | 'No" | |
| | response to line 8a, 8b, or 10b below, describe the circums | stances, processes, or changes in Schedule O. S | ee instr | uction | 1S. |
| | Check if Schedule O contains a response or note to any lin | ne in this Part VI | | | X |
| BC | ion A. Governing Body and Management | | | | |
| | | | | Yes | No |
| a | Enter the number of voting members of the governing body at the end of the | tax year 1a 5_ | | | |
| _ | If there are material differences in voting rights among members of the gove | | 7 | | |
| | if the governing body delegated broad authority to an executive committee o | , , , , , , , , , , , , , , , , , , , | | | |
| | | · 3/// Mai | | | |
| _ | committee, explain in Schedule O. | ependent 1b 5 | | | |
| b | Enter the number of voting members included in line 1a, above, who are ind | | -83 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship | or a business relationship with | 100,000 | | |
| | any other officer, director, trustee, or key employee? | | _2_ | | X |
| } | Did the organization delegate control over management duties customarily p | • | 1. | | ۱ |
| | supervision of officers; directors, or trustees, or key employees to a manage | | 3_ | | X |
| ŀ | Did the organization make any significant changes to its governing document | | . 4 | | X |
| • | Did the organization become aware during the year of a significant diversion | of the organization's assets? | 5 | | X |
| • | Ord the organization have members or stockholders? | | <u> 8</u> | | X |
| 7a | Did the organization have members, stockholders, or other persons who had | I the power to elect or appoint | 1 | 1 | 1 |
| | one or more members of the governing body? | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to | approval by) members, | | | 1 |
| | stockholders, or persons other than the governing body? | | 7b | | X |
| 3 | Did the organization contemporaneously document the meetings held or writ | tten actions undertaken during the year by the following | : 1 | | |
| a | Who according to the | | 88 | X | |
| b | Each committee with authority to act on behalf of the governing body? | | 85 | X | · |
|) | is there any officer, director, trustee, or key employee listed in Part VII, Sect | ion A who cannot be reached at | _ <u></u> | | |
| | the organization's mailing address? If "Yes," provide the names and address | | 9 | | x |
| Ac | tion B. Policies (This Section B requests information about po | plicies not required by the Internal Revenue C | | | |
| <u> </u> | tion b. Folicies (Tills Section & requests information about po | billies flot required by the litternal revenue C | oue.) | T | No. |
| | Milde with the second state of the second stat | | [48- | Yes | No X |
|)a | Did the organization have local chapters, branches, or affiliates? | the set total and set of the set of | 10a | | ├ ≏ |
| b | If "Yes," did the organization have written policies and procedures governing | | 1 | | Ì |
| | affiliates, and branches to ensure their operations are consistent with the or | | 10b | | - |
| 12 | Has the organization provided a complete copy of this Form 990 to all memi | | 11a | ******* | X |
| Ь | Describe in Schedule O the process, if any, used by the organization to review | | | | |
| 2a | | ne 13 | . 12a | LX. | |
| b | Were officers, directors, or trustees, and key employees required to disclose | annually Interests that could give rise to conflicts? | 12b | X | ļ |
| C | Did the organization regularly and consistently monitor and enforce complian | nce with the policy? If "Yes," | İ | ĺ | [|
| | describe in Schedule O how this was done | *************************************** | 12c | X | <u> </u> |
| 3 | Did the organization have a written whistleblower policy? | | 13 | L . | X |
| 4 | Did the organization have a written document retention and destruction police | 3/7 | 14 | \mathbb{L} | X |
| 5 | Did the process for determining compensation of the following persons inclu | | | | |
| | independent persons, comparability data, and contemporaneous substantial | | | | |
| А | The organization's CEO, Executive Director, or top management official | | 159 | T**** | X |
| h | Other officers or key employees of the organization | | 15b | 一 | X |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instruct | inne) | | | |
| ۰. | Did the organization invest in, contribute assets to, or participate in a joint w | | | | |
| æ | 144 | | 82336 | *38880 | X |
| | with a taxable entity during the year? | a name in alter de auchtobe lie | 16a | 233423 | |
| þ | If "Yes," did the organization follow a written policy or procedure requiring th | | | | |
| | participation in joint venture arrangements under applicable federal tax law, | and take steps to sareguard the | 1000 | P### | |
| _ | organization's exempt status with respect to such arrangements? | <u> </u> | <u>. 16b</u> | <u> </u> | L |
| ec | tion C. Disclosure | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed . | None | | . | |
| 3 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if ag | oplicable), 990, and 990-T (Section 501(c)(3)s only) | | | |
| | available for public inspection, indicate how you made these available. Chec | | | | |
| | | r (explain in Schedule O) | | | |
| Ð | Describe in Schedule O whether (and if so, how) the organization made its g | | | | |
| - | financial statements evallable to the public during the tax year. | Annual Annual Annual or measure burnel and | | | |
| 0 | State the name, address, and telephone number of the person who possess | es the omanization's books and records: | | | |
| | | | | | |
| | | | 3-51 | 4-0 | 686 |
| <u>''</u> | numerce City | | | | 3000 |

ALLSTARFUND 08/08/2017 5.48 PM

DMA

| Form 990 (2015) All Star | Fundrai | 9ir | ıg | | | | | 20-520 | 7747 | Page 7 |
|--|--|--|----------------|--------------|---------------|---------------------------------|--------------|---|----------------------------------|---|
| Part VII Compensation | of Officers, | Dire | cto | rs, | Tru | ste | es, | | hest Compensated | Employees, and |
| Independent C | | | | · | | | · | | • | - |
| Check if Schedu | ule O contains | <u>a r</u> | esp | ons | e o | r no | te t | o any line in this Part | <u>VII</u> | <u></u> |
| | | | | | | | _ | Compensated Employee | | |
| la Complete this table for all person organization's tax year. | •• | - | | • | | • | | | | |
| List all of the organization's compensation. Enter -0- in columns List all of the organization's co | (D), (E), and (F) |) If no | COT | рел | ısati | on w | as p | ald. | . • | i. |
| List the organization's five cur | | - | - | - | | | | • | | |
| the received reportable compensating anization and any related organization. | ion (Box 5 of Fo | | | | | | | | | |
| List all of the organization's fo \$100,000 of reportable compensati | irmer officers, ke on from the orga | ay en nizal | nploy ion e | ees ind s | , and | i higi elate | hest od o | compensated employees v ganizations. | who received more than | |
| List all of the organization's fo | | | | | | | | | | |
| organization, more than \$10,000 of List persons in the following order: I | • | | | | | - | | | | |
| compensated employees; and former | | | 2400 | , | , | | ,,,,,,, | adama, oncora, kaj umpi | oyooo, mgmost | |
| Check this box if neither the org | anization nor an | y rela | ited (| orga | niza | tion (| com | pensated any current office | r, director, or trustee. | |
| (A) | (B) | | | | C) | | | (0) | (E) | (F) |
| Name and Title | Average hours per | 1 14 | a nei e | | ation more | than o | me | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week | Ào | K, LIMB | ss pe | neon i | is both | an | from | related | athor |
| | (list any | - | - | - | | ritusi | | the organization | organizations (W-2/1099-MISC) | |
| | rejeted | ndividual trustee or director | | Officer | 18 | 夢 | 9 | (W-2/1098-NISC) | | trganization and related |
| | organizations below dotted | | ratitutional | • | (ey amployee | 8 8 | • | } | 1 | organizations |
| • | line) | 1 | 2 | Ī | 1 | 불 | ١ | | { | |
| | | * | trust e | | ł | Highest compensated employee | { | | } | |
| (1) Kelly Shaw | | | | | - | T A | _ | | | |
| | 10.00 | | | | Ì |] |) | | _ | _ |
| President | 0.00 | | _ | X | ├ | _ | <u> </u> | 0 | 0 | 0 |
| (2) Monica Nagai | 2.00 | | | | l | 1 | | | ĺ | |
| Vice President | 0.00 | 1 | | x | ì |] | 1 | ĺo | اه | 0 |
| (3) Heather Arthur | 0.00 | ┼- | - | ^ | ╌ | ┝ | ╁╴ | | <u>_</u> | |
| (5) 11-0-011-02 722 011-02 | 5.00 | | i 1 | ŀ | ì | ĺ | 1 | | 1 | |
| Co-Treasurer | 0,00 | 1 | 1 | x | } | | ì |) o | o | 0 |
| (4) Nicki Mazzulla | | T | | | 1 | | 1 | | | |
| • | 5.00 | 1 | | 1 | | } | } | | | |
| Co-Treasurer | 0.00 | _ | | X | | | | 0 | 0 | 0 |
| (5) Laura Garcia-Pa | 1 . | | | | | | | | | |
| | 2.00 | | | | | 1 | 1 | { | _ | _ |
| Secretary | 0.00 | ╀ | - | X | ↓ _ | ├ | | 0 | 0 | 0 |
| (6) | | | | } | } | | 1 | 1 | | |
| /m | | | _ | _ | 1 | - | _ | <u> </u> | | |
| (7) | | | 1 | | | | | | | |
| /9) | | - | - | <u> </u> | ├- | ├- | - | | | |
| (8) | |] | | | | | | | | |
| (b) | | ├ | - | ├- | ╀╌ | ├- | ⊬ | | | |
| (9) | <u>.</u> | | | | | | | | | |
| (10) | | - | - | - | + | +- | - | ļ | | |
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| <u></u> | | + | - | - | ╂- | - | + | | | |
| (11) | <u> </u> | | | | | | | ļ | | |
| | | - 1 | 4 | | | | | | | i e e e e e e e e e e e e e e e e e e e |

Form 990 (2015)

| | | hours per week (fist arry hours for related organizations below dotted line) | 8 8 Individua | x, unic | nd a d | | than o | | compensation | compensation from | | |
|--|--|---|--------------------------------|---|----------------------|---------------------|--------------------------------------|-----------------------|--|--|--|------------------------------------|
| | | hours for related organizations below dotted | or dynacto | · | HO 4 C | | | | from the | related | Other | emount of Other Compensation |
| | | | 1 1 | hathridanal bustoe individual trustoe or director | | Kay employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1089-MISC) | from the organizatio and related organization | n i |
| | | | | | | | | | | | | |
| | | | - | - | - | - | H | | | | | |
| | | | _ | - | _ | _ | Н | _ | | <u> </u> | | |
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| | | | - | _ | - | _ | | _ | | | | |
| Rubtots | | | _ | <u> </u> | | L | | | | | | |
| | m continuation she | | Sect | | | | | • | | | | _ |
| Total nur | | | | | thos | e lla | ted a | bov | e) who received more that | n \$100,000 of | | |
| Did the of employer For any is organized individual Did any if for service | on line 1a? If Yes, ndividual listed on lin ion and related orga | ormer officer, dia "complete Sche le 1a, is the sum nizations greater 1a receive or acc liganization? If " | recto dule of re than | r, or J for sport 1 \$1: | suc able 50,00 | th indicom 207 i | dividu npens if "Ye: n fron | ial satio s," (| in and other compensation of the complete Schedule J for some complete Schedule J for some compensation of the compensation of | n from the uch | 3 4 | |
| Complete | this table for your fi | ve highest comp | ense | ited | inde tion | pend for t | ient c | ont | ractors that received mon | than \$100,000 of thin the organization's tex y | ear. | |
| | | (A) d business address | | | | | | Ĺ | | (B) liption of services | Comp | C) mss |
| | | | - | | | | | _ | | | | |
| | | | | | | | ! | - | | | | |
| | | | _ | | | | | | | | | |
| | | | | | | | | | se listed above) who | | | . |

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| Form | 990 | (2015) AJ.1 | Star Fu | ındr | aisir | ष | 20-5207747 Pt | | | | | |
|--|----------|--|-------------------------------|---|---|--------------|---------------------|--|--|--|--|--|
| Pa | đ V | Staten Check | nent of Reve if Schedule (| nue O con | tains a r | esponse (| or note to any line | in this Part VIII | | П | | |
| | | | | | | | (A) | (B) Retailed or | (C) | (D) Revenue | | |
| | | | | | | (7 Ta. 7) | Total revenue | exempt function | Unrelated business revenue | excluded from tax under sections | | |
| | | | | | | | | rovorue | TOVERLE | 512-514 | | |
| 智 | | Federated can | | 1a | | F F40 | States 5. St | | | | | |
| ច់ឱ្ | | Membership de | | 1b | | 5,540 | | | | | | |
| ₽₽ | | Fundraising ev Related organi | | 10 | | | 1 | e di Cara | | | | |
| 일립 | | Government grants (| | 10 | | | | | | | | |
| 50 | _ | All other contribution | | | | | | 100 | | | | |
| 혍 | | and similar amounts | | 11 | | 261,518 | | | | | | |
| Ę9 | g | Noncesh contribution | ns included in lines 16 | -1f: : | | | | | 100 | | | |
| 오림 | h | Total. Add line | s 1a-1/ | | | ▶ | 267,058 | | | | | |
| Program Service Revenue Contributions, Giffs, Grants | _ | | | | | Busn. Code | | | | | | |
| \$ | 2a | · | | | | | | | | | | |
| 8 | ь | • | | • •••• | | | | | | | | |
| 2 | d | | | ••• | | - | | | | | | |
| Ë | e | • • • • • • • • | | | | | | | | | | |
| _튭 | f | All other progra | am service reve | nue | | | | | | | | |
| <u>a</u> | _9_ | Total. Add line | s 2a-2f | | | ▶ | | | | | | |
| ľ | 3 | | ome (including | | ds, intere | st. | | | | | | |
| Ì | | and other similar amounts) | | | | | 32 | | | 32 | | |
| j | | | vestment of tax | , | • | oceeds > | | <u> </u> | | | | |
| - 1 | 5 | Royalties | (i) Roal | (II) Personal | | | | | | | | |
| ł | 63 | Gross rents | (1) 1000 | | (1) | | | | | | | |
| ļ | | Less: rental exps. | | | | | | | | 10.2 | | |
| | | Rental Inc. or (loss) | | | | | | | | | | |
| - 1 | d | Net rental inco | Net rental income or (loss) | | | 🕨 | | | | | | |
| 1 | 72 | Gross amount from sales of assets | (i) Securities | i) Securities (II) Oth | | Other | | | E | | | |
| 1 | | other than inventory | | | | | | | | | | |
| - 1 | þ | Less: cost or other | | | | | | | | | | |
| ſ | _ | bacis & soirs exps. | | | | | | | | | | |
| | | Gain or (loss) | şs) | | L—— | | | | | | | |
| | | | om fundraising eve | | · | ···· | | | | | | |
| ğ | | (not including \$ | - | | | | | | | | | |
| ₹ | | of contributions r | eported on line 1c |). | | | | | | | | |
| ther Revenue | | See Part IV, Ilne | | a | | | | | | | | |
| ₽ | | Less: direct ex | | ખે | | | | | | | | |
| - | | | (loss) from fund | | events | 🕨 | | | | | | |
| - 1 | 9a | | om gaming activitie | | | | | | | | | |
| | h | Less: direct ex | 19 | | ···· | | | | | | | |
| ļ | | | (loss) from gan | ing ec | livities . | 🕨 | | THE PROPERTY OF THE PROPERTY O | THE PERSON NAMED OF THE PE | ************************************** | | |
| | | | invantory, less | | | | | * * | | | | |
| | | returns and all | | a | | | | | | | | |
| | | Less: cost of g | •••• | , b | | | | | | | | |
| | C | Net Income or (loss) from sales of inventory | | | | | | | | | | |
| | 46- | Miles | collegeous Roversue | | | Buen. Code | | | | | | |
| | 11a b | | | · · · · · · | • | | | | | | | |
| | C | | | • | • | | | | | | | |
| 1 | đ | All other reven | | | | | | | | | | |
| | _ | Total. Add Inc | | | | • | | | | | | |
| | 12 | Total revenue | . See instructio | ns. , . | · · · · · · · · · · · · · · · · · · · | | 267,090 | 0 | 0 | | | |
| | | | | | | | | | | 990 ms | | |

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and a second of

| | 990 (2015) All Star Fundra | | 20-52 | 07747 | Page 10 |
|-----------------|---|-----------------------------|----------------------------|-----------------------|---|
| | rt IX Statement of Functional Ex | | | | |
| Sect | ion 501(c)(3) and 501(c)(4) organizations must | complete all columns. All o | ther organizations must co | emplete column (A). | |
| | Check if Schedule O contains a resp | | | | |
| | ot include amounts reported on lines 6b, | (A) Total supenses | (8) Program service | (C) Management and | (D) Fundraising |
| 7b, 8 | Bb, 9b, and 10b of Part VIII. | | expenses | Beueusi exbeuses | extensor |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | <u></u> | | |
| 2 | Grants and other assistance to domestic | | ļ | | |
| | Individuals, See Part IV, line 22 | 258,857 | 258,857 | | |
| 3 | Grants and other assistance to foreign | \$ | | | |
| | organizations, foreign governments, and foreign | } |] | | |
| | individuals. See Part IV, lines 15 and 16 | | Ì | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | { | _ | | ļ |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | } | - | ļ | i |
| | persons described in section 4958(c)(3)(B) | | ļ |] | ĺ |
| 7 | Other salaries and wages | | | i | |
| B | Pension plan accruals and contributions (include | | | | |
| • | _section 401(k) and 403(b) employer contributions) | | |] | J |
| 9 | Other employee benefits | | | | <u> </u> |
| 10 | Payroli tayes | <u> </u> | | | |
| 11 | Payroll taxes Fees for services (non-employees): | | | | |
| ''_ | | | | | |
| | Management | | | | |
| Ъ | Legal | | | | |
| ç | Accounting | | | | |
| a | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| 1 | Investment management fees | | | | |
| 9 | Other, (If line 11g amount exceeds 10% of line 25, column | ł | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| | Advertising and promotion | | | | |
| 13 | Office expenses | 307 | | 307 | |
| 14 | Information technology | 57 | | 57 | |
| 15 | Royatties | } | ļ | | ļ |
| 16 | Occupancy | | _ | | |
| 17 | Travel | , | | <u> </u> | <u> </u> |
| 18 | Payments of travel or entertainment expenses | } | | ļ | 1 |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | L |
| 20 | Interest | | | | ļ |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 537 | | 537 | |
| 24 | Other expenses, itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, fist fine 24e expenses on Schedule O.) | | | | |
| a | Bank Fees | 199 | | 199 | A DESTRUCTION OF THE PROPERTY |
| ь | Gifts | 50 | 50 | | |
| c | | | | | T |
| ď | | | | | |
| | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e | 260,007 | 258,907 | 1,100 | 0 |
| <u>25</u> 26 | Joint costs. Complete this line only if the | 200,001 | | | ├─ |
| -4 | organization reported in column (B) joint costs from a combined educational campalign and fundraising soficiation. Check here following SOP 98-2 (ASC 958-720) | | | | |
| DAA | totoming out or a property and the state of | | | | Form 990 (2015) |

والرام فالمراب إمياهم والرابات المسا

31 Paid-in or capital surplus, or land, building, or equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances ...

Total net assets or fund balances

Form 990 (2015)

56,804 56,804

31

32

33

49,721

49,721

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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 in Schedule O and describe any steps taken to undergo such audits.

the Single Audit Act and OMB Circular A-133?

Form 990 (2015)

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Trassury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

OMB No 1545-0047

| | | All Star Fun | draising | | | 20 | 5207747 | | | | |
|-------------|---|-------------------------------|--|-------------|-----------------------|------------------------------|--------------------------|--|--|--|--|
| Part | Reaso | on for Public Charlty | Status (All organizations | must co | mplete | this part.) See ins | structions. | | | | |
| The organiz | ation is not | a private foundation becaus | e it is: (For Ilnes 1 through 11, o | heck only | xod eno y | | | | | | |
| 1 🗌 A | church, cor | ivention of churches, or ass | ociation of churches described i | in section | 170(b)(| I)(A)(I). | | | | | |
| 2 🗍 A | school des | cribed in section 170(b)(1)(| A)(II). (Attach Schedule E (Forn | n 990 or 9 | 90-EZ).) | | | | | | |
| 3 MA | hospital or | a cooperative hospital servi | ce organization described in sec | ction 170 | (b)(1)(A) | ill). | | | | | |
| 4 H A | medical res | earch organization operated | d in conjunction with a hospital o | described | in sectio | n 170(b)(1)(A)(III). En | ter the hospital's name. | | | | |
| | ity, and state | | | | | | | | | | |
| 5 A | n organizati | | of a college or university owned | or operate | ed by a g | overnmental unit desc | ribed in | | | | |
| sı | ection 170(i | b)(1)(A)(Iv). (Complete Part | IL) | • | | | | | | | |
| | • | ., ., ,, , , | overnmental unit described in s | ection 17 | о(Б)(1)(А | Xv). | | | | | |
| 7 MA | | | | | | | | | | | |
| d | escribed in a | ection 170(b)(1)(A)(vi). (C | omplete Part II.) | • | | • | • | | | | |
| | | | I70(b)(1)(A)(vI). (Complete Part | (1.) | | | | | | | |
| = | • | | i) more than 33 1/3% of its supp | • | contributi | ons, 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 | | | | | | | | | | |
| 86 | acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) | | | | | | | | | | |
| 10 A | n organizati | on organized and operated | exclusively to test for public safe | sty. See s | ection 5 | D9(a)(4). | | | | | |
| — | • | | exclusively for the benefit of, to | • | | • • • • | he purposes of | | | | |
| ~ | ue or more ; | ublicly supported organizat | ions described in section 509(a | i)(1) or se | ction 50 | B(a)(2). See section 5 | 09(a)(3). Check | | | | |
| th | ne box in line | s 11a through 11d that des | cribes the type of supporting on | anization | and com | plete lines 11e, 11f, a | nd 11g. | | | | |
| а Пт | ype I. A sup | porting organization operate | ed, supervised, or controlled by | its suppoi | rted orgai | nization(s), typically by | giving | | | | |
| | | | o regularly appoint or elect a ma | | _ | | • • | | | | |
| | • • | You must complete Part f | • | | | | • | | | | |
| _ | • | • | rised or controlled in connection | with its s | upported | organization(s), by ha | ving | | | | |
| _ ~ | ontrol or mai | nagement of the supporting | organization vested in the same | e persons | that con | rol or manage the sup | parted | | | | |
| | | s). You must complete Par | | • | | | | | | | |
| | | • | orting organization operated in a | connectio | n with, an | d functionally integrate | ed with, | | | | |
| ite | s supported | organization(s) (see instruc | tions) You must complete Par | t IV, Sec | tions A, I |), and E. | | | | | |
| d \Box T | ype ili non- | functionally integrated. A | supporting organization operate | d in conn | ection wit | h its supported organi | zation(a) | | | | |
| th | nat is not fun | ctionally integrated. The org | panization generally must satisfy | a distribi | ution requ | ilrement and an attent | iveness | | | | |
| re | equirement (| see instructions). You mus | t complete Part IV, Sections A | and D, a | and Part | ٧. | | | | | |
| • ∏ c | heck this bo | x if the organization receive | d a written determination from t | he IRS th | at it is a 1 | îype I, Type II, Type li | 1 | | | | |
| tu | enctionally in | legrated, or Type III non-fur | actionally integrated supporting | organizati | íon | | | | | | |
| f Enter | the number | of supported organizations | | | | | | | | | |
| g Provid | de the follow | ing information about the si | upported organization(s). | | | | | | | | |
| (I) Name of | f supported | (II) EIN | (III) Type of organization | | oolasinagro | lenam to InvanA (v) | ery (vi) Amount of | | | | |
| organi | tzation | | (described on lines 1-9 above (see instructions)) | | ur governing ment? | support (#00 instactions) | other support (see | | | | |
| | | | and the contract | | energift. | reaction) | Instructions) | | | | |
| | | | | Yee | No | | | | | | |
| (A) | | | | | | | | | | | |
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| (B) | | | | | | | | | | | |
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| (C) | | | | |] | | | | | | |
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| (D) | » | | | | | | | | | | |
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| (E) | | | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2016

| STA | RFUND 08/08/2017 5,46 PM | | The second second | 45.4.4.7 | . 11 | , . | The State of the Control of the Cont |
|----------|---|---------------------------------------|-----------------------|-----------------------|-----------------------|---|--|
| Sčhe | dule A (Form 990 or 990-EZ) 2015 Al | l Star Fu | ndraising | | 21 | 0-5207747 | Page 2 |
| | Support Schedule for C | | | | | | |
| | (Complete only if you che | cked the box o | n line 5, 7, or 8 | of Part I or if t | he organizatio | n failed to qualit | |
| | Part III. If the organization | n fails to qualify | under the test | s listed below, | please comple | te Part III.) | |
| | tion A. Public Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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) | | | 3 7 | | | |
| <u> </u> | Public support. Subtract line 5 from line 4 tion B. Total Support | | | | | | |
| | idar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | 10/2011 | (0)2012 | (5) 2010 | 10,2014 | (0)2010 | (1) 10141 |
| 8 | Gross income from Interest, dividends, | | | | | · - · · · · · · · · · · · · · · · · · · | |
| | payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc | | | | | | |
| 13 | First five years. If the Form 990 is for the | organization's firs | st, second, third, fo | urth, or fifth tax ye | ar as a section 50 |)1(c)(3) | |
| | organization, check this box and stop he | | | <u> </u> | | | <u></u> ▶∏ |
| Sec | tion C. Computation of Public S | | | | | | |
| 14 | Public support percentage for 2015 (line t | | | | | | |
| 15 | Public support percentage from 2014 Sch | edule A, Part II, lir | ne 14 | | | 15 | <u> </u> |
| 16a | | | | | | | , — |
| | box and stop here. The organization qua | ines as a publicly | supported organiza | ittori | 40 to 00 a second | | ▶ ∐ |
| þ | 33 1/3% support test—2014. If the organ | | | | | | ⊾ m |
| 47- | check this box and stop here. The organ | | | | | | ▶ ⊔ |
| 1/8 | 10%-facts-and-circumstances test—20 | | | | | | |
| | 10% or more, and if the organization mee | | | • | • | | |
| | - · · · · · · · · · · · · · · · · · · · | | | • | • | = | ▶□ |
| ь | organization 10%-facts-and-circumstances test-20 | | ion did not chack a | box on line 13 1 | 6a. 16b. or 17я ¤ | nd line | - LJ |
| | 15 is 10% or more, and if the organization | | | - | | | |
| | Explain in Part VI how the organization m | | | | | | |
| | supported organization | | | | | | ▶□ |
| 18 | Private foundation, if the organization di | d not check a box | on line 13, 16a, 16 | b, 17a, or 17b, ch | eck this box and s | 50 | |
| | instructions | | | | | | ▶ 🔲 |
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Schedule A (Form 990 or 990-EZ) 2015 All Star Fundraising 20-5207747 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any *unusual 108,339 295,474 210,128 267,058 1,002,234 grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities fumished by a governmental unit to the organization without charge Total. Add lines 1 through 5 100,339 295,474 210,128 267,058 1,002,234 7s Amounts included on lines 1, 2, and 3 received from disqualified persons. 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 157,816 157,816 Add lines 7s and 7b 157,816 157,816 Public support. (Subtract line 7c from Ibne 6.) 844,418 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 6 108,33 121,235 295,474 210,128 267,058 1,002,234 10a Gross income from interest, dividends. payments received on securities loans, rents, royaltes and income from similar sources 32 32 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) 267.090 108.339 1,002,266 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 601(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 84,25% 16 Public support percentage from 2014 Schedule A, Part III, line 15 %_ Section D. Computation of Investment Income Percentage Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2014 Schedule A, Part III, line 17 33 1/3% support tests-2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ______ 33 1/3% support tests-2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on fine 14, 19s, or 19b, check this box and see instructions

. . . .

determine whether the organization had excess business holdings)

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Old the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 3c purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you chacked 11a or 11b in Part I, answer (b) and (c) below. 42 b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion **4**b despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(s)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) DUIDOSES. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 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? БЪ c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to arryone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? R If "Yes," complete Part I of Schedule I. (Form 990 or 990-EZ). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. Яb Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit 9c from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 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, and all Type III non-functionally integrated 10a supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10b | Schedule A (Form 990 or 990-EZ) 2015

| Schedule A (Form 160 or 880-E7) 2015 All Star Fundraining 20-5207747 page 6 Entitive Supporting Organizations (continued) 11 Has the organization accepted a cill or contribution from any of the following percents? 2 A person who directly or infoliatory controls, able to see or losyster with pursons described in (b) and (c) below, the governing barly of a supported organization? 5 A family member of a person described in (d) acro (b) above? If "Yes" to a, b, or a, provide detail in Part V. 1 Dit the directors, fivatees, or memberable of one or more supported organizations have the power to regularly appoint or select at least a majority of the organization directors or trustees at all times during the tax year? If V.C. dearchis in Fart V how the supported organizations are directors or crustees set at items during the tax year. 1 Dit the directors, fivatees, or memberable of one or more supported organization and include or controlled the organization's activities. If the organization had more than one supported organization, captured organization, captured organization organization operate for the benefit of any supported organization of the supported organization operate for the benefit of any supported organization operate for the benefit of any supported organization of the supported organization operate for the benefit of any supported organization operate for the benefit of any supported organization operate for the benefit of any supported organization operate for the benefit of any supported organization operate for the benefit of any supported organization operated for the organization operated for the organization operated for the organization operated for the organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization or supported organization organization organization organization organization organization organization organization organization organization organi | U I STARF | UND 08/08/2017 5 49 PM | | |
|--|-----------|--|----------------------------|--|
| Supporting Organizations (continued) Ves No | | • | | |
| 11 Has the organization accepted a gill or contribution from any of the following persons? 2 A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing bady of a supported organization? 3 Land Section B. A person described in (a) above? 4 A 335, controlled entity of a person described in (a) above? 5 A 335, controlled entity of a person described in (a) above? 5 A 335, controlled entity of a person described in (a) above? 5 A 335, controlled entity of a person described in (a) above? 5 A 335, controlled entity of a person described in (a) above? 5 A 335, controlled entity of a person described in (a) above? 5 A 335, controlled entity of a person described in (a) above? 5 A 335, controlled entity of a person described in (a) above? 5 A 335, controlled entity of a person described in (b) and (c) above? 5 A 335, controlled entity of a person described in (c) and (c) above? 5 A 335, controlled entity of a person described in (c) and (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person of a person described in (c) and (c) are a person described or fundates were also person and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described or fundates and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) and (c) are a person described in (c) are a person described in (c) are a per | | | 20-5207747 | Page 5 |
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| below, the governibg body of a supported organization? b A family member of a person described in (a) bow? c A 1956 controlled entity of a person described in (a) or (b) above? If "fes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations 1 Dit the directors, insistes, or reembanibo of one or more supported organizations have the power to regularly apports or elect at least a majority of the organization's directors or insistes at all times during the tax year if It No" describe in Part VI bow the supported organization's directors or insistes at all times during the tax year if It No" describe in Part VI bow the supported organization's supported organization, describe how the powers to position and/or more decices or insistes were allocated smorp the supported organization's activities, if any, applied to such powers during the tax year. 1 Dit the organization operated for the benefit of any yeaported organization of the train the supported organization of the powers organization organi | 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| b A family member of a person described in (a) above? 2. A 39% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 3. Section B. Type I Supporting Organizations 4. Did the directors, trustees, or rememberable of one or more supported organizations have the power to regularly support or select at least a regularly of the organization for the control of the organization's activities. If the organization is defined to controlled the organization's activities. If the organization had more than one supported organization, describe how the power to application and remove directors or trustees at earlier among the supported organization, describe how the power to applications or restrictions, if any, applied to such powers during the tax year. 2. Did the organization operate for the benefit of any supported organization? If "Fes," expelain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Fes," expelain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Fes," expelain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Fes," expelain in Part VI how providing such benefit carried out the purposes of the supported organization? If "No," describe in Part VI how control or management of the supporting organizations. 3. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees along the provided during the prior tax year. (I) a very possible of the provided organization organization and the provided organization or the provided organization organization and the provided organization maintenance of the organization and the provided organization and the provided organization maintenance or t | a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | |
| scellon B. Type II Supporting Organizations 1 Oil the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the aupported organization is allowed to controlled the organization and evolution. If the organization and evolution or trustees are all climated, supervised, or controlled the organization and evolution or trustees are all climated and organization and what conditions or restrictors, if any, applied to such power during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization operate for the proposes of the supported organization of the than the supported organization operated or controlled the supporting organization. 3 Section C. Type II Supporting Organization. 4 Were a majority of the organization devicers or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization devicers or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization structors of the supporting organization. 5 Vers No. 4 Were a majority of the organization directors or trustees device the properties of the directors or trustees of each of the organization structors. 5 Vers No. 6 Vers No. 7 Vers No. 8 Vers No. 8 Vers No. 9 | | below, the governing body of a supported organization? | 11a | |
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| Dit the directors, trustees, or membership of one or more supported organizations have the power to regularly expend or select at least a majority of the organization's directors or trustees at all times during the lax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization are supported organization and what conditions or restrictions," a flav, applied to an elected smong the supported organizations and what conditions or restrictions," flav, applied to ple tax year. 2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, controlled the supporting organization of the first, "they are allowed organization operated organization of the supported organization. 1. Were a majority of the organization's directors or trustees during the lax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vasted in the same persons that controlled or managed the supported organization was vasted in the same persons that controlled or managed the supported organization was vasted in the same persons that controlled or managed the supported organization was vasted in the same persons that controlled or managed the supported organization was vasted in the same persons that controlled or managed the supported organization was vasted to support the supported organization organization was vasted to each of its supported organization and the provision organization is supported organization to the organization was vasted in the same persons that day of | | | <u>√1. 11c</u> | <u> </u> |
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| eignificant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionality-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Instructions). 2 Activities Test. Answer (s) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these extivities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its sclivities b Did the activities constituted substantially all of its sclivities b Did the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Perent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect e majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organization | | | <u>2</u> | |
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| | | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

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| Shedule A (Form 990 or 990-EZ) 2015 All Star Fundraising | | 20-5207 | 7747 Page |
|---|---------------|--------------------------|--------------------------------|
| Part Y Type III Non-Functionally Integrated 509(a)(3) Supporting | Organizal | lons | |
| 1 L Check here if the organization satisfied the Integral Part Test as a qualifying trust o | n Nov. 20, 19 | 170. See Instructions. A | I |
| other Type III non-functionally integrated supporting organizations must complete S | ections A the | ough E. | · |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3_ | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5_ | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | 1 [| | |
| maintenance of property held for production of income (see instructions) | 6_ | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 10 | | |
| Discount claimed for blockage or other | 38181 | | |
| factors (explain in detail in Part VI): | | | los a record |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions) | 4 | | |
| 6 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 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 | 6 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | _ |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally-inte | arated Type | Il sumontina amanization | (500 |

Schedule A (Form 990 or 990-EZ) 2015

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| Schedule A (Form 990 or 990-EZ) 2016 All Star Fundrais: Part V | | 20-5207 | 747 Page 7 | | | | | | |
|--|--|---|---|--|--|--|--|--|--|
| Section D - Distributions | Appending Constant | adiid (contantace) | Current Year | | | | | | |
| Amounts paid to supported organizations to accomplish exempt purported. | Outlone Foat | | | | | | | | |
| Amounts paid to perform activity that directly furthers exempt purposes | | | | | | | | | |
| organizations, in excess of income from activity | 1 | | | | | | | | |
| 3 Administrative expenses paid to accomplish exempt purposes of supp | | | | | | | | | |
| Amounts paid to acquire exempt-use assets | | | | | | | | | |
| 5 Qualified set-aside amounts (prior IRS approval required) | | | | | | | | | |
| | | | | | | | | | |
| 6 Other distributions (describe in Part VI) See instructions. 7 Total annual distributions. Add lines 1 through 6. | | | | | | | | | |
| | | | | | | | | | |
| ** | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | | | | | | | | |
| | | | | | | | | | |
| 9 Distributable amount for 2015 from Section C, line 6 | | | | | | | | | |
| 10 Line 8 amount divided by Line 9 amount | | | | | | | | | |
| Section E - Distribution Allocations (see instructions) | (I) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 | | | | | | |
| 1 Distributable amount for 2015 from Section C, line 6 | | | | | | | | | |
| 2 Underdistributions, if any, for years prior to 2015 | | | | | | | | | |
| (reasonable cause required-see instructions) | | L | | | | | | | |
| 3Excess distributions carryover, if any, to 2015: | | | | | | | | | |
| | | | | | | | | | |
| b | | | | | | | | | |
| c and the second second second second second second second second second second second second second second se | | | | | | | | | |
| d From 2013 | | | | | | | | | |
| * 6 From 2014 | 72.92 | | | | | | | | |
| f Total of lines 3s through e | | | | | | | | | |
| g Applied to underdistributions of prior years | 200000000000000000000000000000000000000 | | | | | | | | |
| h Applied to 2015 distributable amount | | | | | | | | | |
| I Carryover from 2010 not applied (see Instructions) | 2052378459647620 | | | | | | | | |
| Remainder, Subtract lines 3g, 3h, and 3i from 3f. | | | | | | | | | |
| 4 Distributions for 2015 from Section | | | | | | | | | |
| D, line 7: \$ | | | | | | | | | |
| a Applied to underdistributions of prior years | | | | | | | | | |
| b Applied to 2015 distributable amount | | | | | | | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | | | | | | | |
| 5 Remaining underdistributions for years prior to 2015, if | | 200 100 100 100 100 100 100 100 100 100 | | | | | | | |
| any. Subtract lines 3g and 4a from line 2 (if amount | | | | | | | | | |
| greater than zero, see instructions). | | 1 | | | | | | | |
| 8 Remaining underdistributions for 2015. Subtract lines 3h | 70 V 7 C 7 V 10 C 7 C 7 C | | | | | | | | |
| and 4b from line 1 (if amount greater than zero, see | | | | | | | | | |
| • | | | | | | | | | |
| instructions). | | | | | | | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j | 1 | | | | | | | | |
| and 4c. 8 Breakdown of line 7: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| c Excess from 2013 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | and the second second | | | | | | | |
| d Excess from 2014 | | F | CONTRACTOR | | | | | | |
| e Excess from 2015 | he same had a sale of | | | | | | | | |

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| <u>PanVI</u> | 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.) |
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ALLSTARFUND 06/09/2017 5 45 PM

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Commission of the

Name of the organization

Employer identification number

| 174114 | Star Fundraising | d 045 0111 F7- | | 207747 |
|---|--|--|--|---|
| | Organizations Maintaining Donor Advised Fur | | or Account | S. |
| | Complete If the organization answered "Yes" on F | | | |
| | | (a) Donor advised funds | |) Funds and other eccounts |
| Total | number at end of year | | | |
| 2 Aggre | gate value of contributions to (during year) | | | |
| Aggre 8 | gate value of grants from (during year) | | | |
| Aggre | gate value at end of year | <u></u> | | |
| i Did th | e organization inform all donors and donor advisors in writing that | | | |
| funds | are the organization's property, subject to the organization's exclusive | usive legal control? | | Yes [No |
| | e organization inform all grantees, donors, and donor advisors in | | | |
| only f | or charitable purposes and not for the benefit of the donor or dono | or advisor, or for any other purpose | | |
| | | · · · · · · · · · · · · · · · · · · · | | Yes No |
| artil | Conservation Easements. | | | |
| * | Complete if the organization answered "Yes" on F | Form 990, Part IV, line 7. | | |
| Purpo | se(s) of conservation essements held by the organization (check | | | |
| | reservation of land for public use (e.g., recreation or education) | Preservation of a historically | | |
| | rotection of natural habitat | Preservation of a certified his | • | |
| | | Liezelawinni ol a celulied ins | itoric structure | |
| | reservation of open space | | | |
| - | plete lines 2a through 2d if the organization held a qualified conse | rvation contribution in the form of a co | 27.000 | 111 111 5 1 111 5 N |
| | ment on the last day of the tax year. | | | Held at the End of the Tax Ye |
| a Total | number of conservation easements | | 28 | |
| b Total | acreage restricted by conservation easements | | 2b | |
| c Numl | per of conservation easements on a cartified historic structure incl | uded in (a) | 2c | |
| | per of conservation easements included in (c) acquired after 8/17/ | |] | |
| histor | ic structure listed in the National Register | | 2d | |
| Numl | per of conservation easements modified, transferred, released, ex | tinguished, or terminated by the organ | nization during | the |
| | | | | |
| • | * * ***** *** | | | |
| - BILLION | tar of states where exceeds exhibit to conventation absorbed is i | ocated b | | |
| | ber of states where property subject to conservation easement is I | • | | |
| Does | the organization have a written policy regarding the periodic mon | itoring, inspection, handling of | | [] v [] N |
| Does violat | the organization have a written policy regarding the periodic monions, and enforcement of the conservation easements it holds? | itoring, inspection, handling of | | |
| 5 Does violat 6 Staff | the organization have a written policy regarding the periodic mon- ions, and enforcement of the conservation easements it holds? and volunteer hours devoted to monitoring, inspecting, handling o | itoring, inspection, handling of | | |
| Does violat Staff | the organization have a written policy regarding the periodic monions, and enforcement of the conservation easements it holds? and volunteer hours devoted to monitoring, inspecting, handling o | itoring, inspection, handling of | on essements | during the year |
| Does violat Staff Amor | the organization have a written policy regarding the periodic monions, and enforcement of the conservation easements it holds? and volunteer hours devoted to monitoring, inspecting, handling of world of expenses incurred in monitoring, inspecting, handling of violating inspecting, handling of violating inspecting, handling of violating inspecting, handling of violating inspecting, handling of violating inspecting, handling of violating inspecting, handling of violating inspecting, handling of violating inspecting in the periodic monitoring monitori | itoring, inspection, handling of f violations, and enforcing conservation | on essements | during the year |
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| Does violat Staff Amoi S Does and s | the organization have a written policy regarding the periodic monitons, and enforcement of the conservation easements it holds? and volunteer hours devoted to monitoring, inspecting, handling of unit of expenses incurred in monitoring, inspecting, handling of violence conservation easement reported on line 2(d) above satisfy the section 170(h)(4)(B)(ii)? | itoring, inspection, handling of fiviolations, and enforcing conservations, and enforcing conservation each requirements of section 170(h)(4) | on easements esements duri (B)(I) | ng the year |
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|-------------------------|--|---|--|---------------------|-----------------------|---|--------------|------------|---------|
| | ule D (Form 990) 2015 All Star I 张明第 Organizations Maintaining | | | 703011700 A | | | (continu | | age |
| , , | Using the organization's acquisition, accession | | | | | | Contain | 300) | _ |
| • | collection items (check all that apply): | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | - | • | | | |
| a [| Public exhibition | d 🗌 L | oan or exchange pro | grams | | | | | |
| ь [| Scholarly research | • 🗌 o | ther | | | | | | |
| c [| Preservation for future generations | | | | | | | | |
| i I | Provide a description of the organization's coll | ections and explain 1 | now they further the | organization's | exempt purpose | in Part | | | |
| | XIII, | | | | | | | | |
| | During the year, did the organization solicit or | | | | | | σ | _ | 1. |
| _ | assets to be sold to raise funds rather than to | | rt of the organization | n's collection? | | ., | Ye | 5 | 11 |
| E A I | Escrow and Custodial Arra Complete if the organization 990, Part X, line 21. | ngements. answered "Yes" | on Form 990, Pa | art IV, line 9 | , or reported a | an amount | on Form | 1 | |
| 2 | is the organization an agent, trustee, custodia | n or other intermedia | ry for contributions | or other asset | s not | | | | |
| į | included on Form 990, Part X? | · · · · · · · · · · · · · · · · · · · | | | | | . 🔲 Ye | 8 <u> </u> |] ; |
| Ь | If "Yes," explain the arrangement in Part XIII a | nd complete the folk | owing table: | | | | | | |
| | | | | | | | Amoun | <u> </u> | _ |
| C | Beginning balance | | | | | 16 | | | |
| a . - | Additions during the year | | | | | | | | _ |
| 8 1 4 | Distributions during the year | | | | | 16 | | | _ |
| T | Ending balance | | | todial accoun | t liability? | | Пус | - | Ti |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | . LJ " | ື ├ | ┨′ |
| | Endowment Funds. | Cilear Here ii iile ext | Manadon nes been p | TOTAL OIL FE | | | | | _ |
| 2797 | Complete if the organization | answered "Yes" | on Form 990. Pa | art IV. line 1 | 0. | | | | |
| _ | | (a) Current year | (b) Prior year | (c) Two yea | | hree years back | (e) Four | years ! | bac |
| а | Beginning of year balance | | | | | | | | _ |
| | Contributions | | | | | | | | _ |
| | Net investment earnings, gains, and | | | 1 | | | T | | |
| | losses | | | <u> </u> | | | <u> </u> | | |
| đ | Grants or scholarships | | | | | | | | |
| | Other expenditures for facilities and | | | | | | | | |
| | programs | | | <u> </u> | | | 1 | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | <u> </u> | | | 1 | | |
| 2 | Provide the estimated percentage of the curre | ent year end balance | (line 1g, column (a) |) held as: | • | | | | |
| a | Board designated or quasi-endowment | % | | | | | | | |
| h | Permanent endowment ▶ % | | | | | | | | |
| ~ | | % | | | | | | | |
| ¢ | The companions of lines to the and to about | ıld equal 100%. | | | | | | | |
| ¢ | The percentages on lines 2a, 2b, and 2c shou | | | l administered | i for th e | | | | _ |
| c 3a | Are there endowment funds not in the posses | sion of the organizat | ion that are held and | - worthing to to to | | | | Yes | L |
| ¢ 3a | Are there endowment funds not in the posses organization by: | - | | | | | <u></u> | | • |
| ç 3a | Are there endowment funds not in the posses organization by: (I) unrelated organizations | | | | | | 3a(i) | | - |
| ¢ 3a | Are there endowment funds not in the posses organization by: (I) unrelated organizations (II) related organizations | | | | | | 3a(li) | | L |
| ¢ Sa | Are there endowment funds not in the posses organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organizations | tions listed as requin | ed on Schedule R? | | | | . | | E |
| c Sa b | Are there endowment funds not in the posses organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organizations | tions listed as requin | ed on Schedule R? | | | | 3a(li) | | |
| c 3a b | Are there endowment funds not in the posses organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the | tions listed as requin organization's endov | ed on Schedule R? wment funds, | | | | 3a(li) 3b | | |
| c 3a b | Are there endowment funds not in the posses organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the Land, Buildings, and Equiposation | tions listed as require organization's endov omant. answered "Yes" | ed on Schedule R? vment funds. on Form 990, Pr | art IV, line 1 | 11a. See Form | | 3a(li) 3b | | <u></u> |
| c Sa b | Are there endowment funds not in the posses organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the | tions listed as requin organization's endov | ed on Schedule R? wment funds. on Form 990, Pr | art IV, line 1 | | bed | 3a(li) 3b | | <u></u> |
| c 3a b | Are there endowment funds not in the possess organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the Land, Buildings, and Equil Complete if the organization Description of property | tions listed as require organization's endou omant. answered "Yes" | ed on Schedule R? vment funds. on Form 990, Pasis (b) Cost or | art IV, line 1 | 11a. See Form | bed | 3a(li) 3b | | |
| c 3a b | Are there endowment funds not in the possess organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the Land, Buildings, and Equil Complete if the organization Description of property Land | tions listed as require organization's endou omant. answered "Yes" | ed on Schedule R? vment funds. on Form 990, Pasis (b) Cost or | art IV, line 1 | 11a. See Form | bed | 3a(li) 3b | | |
| c 3a b 4 | Are there endowment funds not in the possess organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the Land, Buildings, and Equil Complete if the organization Description of property Land Buildings | tions listed as require organization's endou omant. answered "Yes" | ed on Schedule R? vment funds. on Form 990, Pasis (b) Cost or | art IV, line 1 | 11a. See Form | bed | 3a(li) 3b | | |
| 6 3a b 4 Pa | Are there endowment funds not in the possess organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the Land, Buildings, and Equil Complete if the organization Description of property Land | tions listed as require organization's endou omant. answered "Yes" | ed on Schedule R? vment funds. on Form 990, Pasis (b) Cost or | art IV, line 1 | 11a. See Form | bed | 3a(li) 3b | | |

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| | om 990) 2015 All Star Fundraising | | 20-5207747 | Page 3 |
|------------------|--|---|--------------------------------------|----------------|
| PartVIII | Investments—Other Securities. | Earn 000 Bort IV | line 11h Con Form 000 Da | + V |
| | Complete if the organization answered "Yes" on (a) Description of security or category | (b) Book value | (c) Mothod of va | |
| | (Including name of security) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Cost or end-of-year of | |
| (1) Financial (| derivatives | | | |
| (2) Closely-he | old equity interests | | | |
| (A) (A) | .,,,,,, | | | |
| | | | | ···- |
| (B) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| (C) | | | | |
| (Ġ) | | | | |
| . (E) | | | | |
| (F) | | | | |
| (G). | | | - | |
| Total (Column | n (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | <u> </u> | | |
| Part VIII | Investments—Program Related. | | | |
| | Complete if the organization answered "Yes" on | Form 990, Part IV. | line 11c. See Form 990. Pa | rt X. line 13. |
| | (a) Description of Investment | (b) Book vetue | (c) Method of ve | |
| | | | Cost or end-of-year r | rarket value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | • |
| (4) | | | | |
| _(5) | | | | |
| (6) | | - | | |
| (7) | | | | |
| (8) | | | | |
| (9) | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part X | Other Assets. | | | |
| | Complete if the organization answered "Yes" on | Form 990. Part IV. | line 11d. See Form 990. Pa | rt X. line 15. |
| | (a) Description | | | (b) Book value |
| (1) | Other Asset | | | 3,399 |
| (2) | | | | |
| (3) | | - | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| _(7) | | | | |
| (8) | | | | |
| (9) | (h) must sound Form 000 Bard V and /B) line 15.) | | | 3,399 |
| Part X | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. | | | |
| ERGILLOUS | Complete if the organization answered "Yes" on | Form 990 Part IV | line 11e or 11f See Form 9 | 90 Part X |
| | line 25. | | | |
| 1. | (a) Description of liability | (b) Book value | | |
| | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | · · · · · · · · · · · · · · · · · · · | | | |
| (9) | | | | |
| Total. (Colum. | n (b) must equal Form 990, Part X, col. (B) line 25) ▶ | 1 | | |
| 2. Liability for | uncertain tax positions. In Part XIII, provide the text of the fool | note to the organization | n s imancial statements that reports | ine |
| organization's | liability for uncertain tax positions under FIN 48 (ASC 740). Cl | heck here it the text of t | ne rootnote has been provided in P | IIIX 718 |

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Schedule D (Form 990) 2015

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| ALC: 17 | * * | | |
| Sche | dule D (Form 990) 2015 All Star Fundraising | 20-52077 | A7 |
| | Reconciliation of Revenue per Audited Financial Stateme | | |
| 1001002 | Complete if the organization answered "Yes" on Form 990, Pa | | etum. |
| 1 | Total reverue, gains, and other support per audited financial statements | | T11 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | | l a. l | |
| a | Net unrealized gains (losses) on investments | 2a | -[883] |
| | Donated services and use of facilities | 2b | - 26 |
| ۔ | Recoveries of prior year grants | 2c | |
| | Other (Describe in Part XIII.) | | |
| 3 | Add fines 2a through 2d | | 20 |
| 4 | Subtract line 2e from line 1 | r j | 3 |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 4- | |
| a 5 | Investment expenses not included on Form 990, Part VIII, line 7b | 48 4b | |
| | Other (Describe in Part XIII.) | | - 33233 |
| 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 4c |
| - | Reconciliation of Expenses per Audited Financial Stateme | | |
| | Complete if the organization answered "Yes" on Form 990, Pa | | Return. |
| 1 | - | | T-2 T |
| | Amounts included on line 1 but not on Form 990. Part IX. line 25: | | 1 |
| | • | 1 == 1 | |
| - | Donated services and use of facilities | 2a | (1 |
| | Prior year adjustments Other losses | | -{ |
| | | 2c | -1901 |
| | Other (Describe in Part XIII.) | [| - 3382 |
| 3 | Add lines 2a through 2d | | 2e |
| 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | ······ | 3 |
| - | | اما | |
| | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | | -{1,000 |
| | Add lines do and th | 40 [| 4c |
| 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | • | 5 |
| | **XIII Supplemental Information. | <u> </u> | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1e and 4, Part IV, | lines 1h and 2h: Oad V line 4: | Part V line |
| | rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | | FBI(A, 1810 |
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Schedule D (Form 990) 2015

| hedwe D (Form 990) 2015 All Star Fundraising Part XIII. Supplemental Information (continued) | 20-5207747 | Page 5 |
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| ansaus: Supplemental information (continued) | | |
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| Understand of the Texasing Information of the Control Service Name of the cognitication Name of the | Governm Complete If the | ents, al organizatik | Governments, and Individuals in the United States omplete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 ► Attach to Form 990. | overnments, and Individuals in the United State plete If the organization enswered "Yes" on Form 990, Part IV, line 21 or Form 990. | States , line 21 or 22. | | 2015 |
|---|-------------------------------------|----------------------------|--|---|--|--|---------------------------------------|
| | matton | Schedule | bout Schedule I (Form 990) and its instructions is at www.irs.gov/form990. | instructions is at ww | w.irs.gov/form990 | | Employer Identification number |
| ormation | d Assistance | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of | the amount of the gr | ants or ass | the grants or assistance, the grantees' eligibility for the grants or assistance, and | eligibility for the gran | rts or assistance, an | | |
| ure selection criteria used to award ure grants or assistance? 2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | onitoring the use of c | mant funds | in the United States. | | | | Tes 🔼 🕦 |
| Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 890. Part IV. line 21, for any recibient that received more than \$5,000. Part II can be duplicated if additional space is needed. | omestic Organi t that received m | zations a | ganizations and Domestic Governments. Complete if the organization and ed more than \$5,000. Part II can be duplicated if additional space is needed. | vernments. Cor n be duplicated if | nplete if the orga | anization answer | ed "Yes" on Form |
| t (a) Name and address of organization or government | (b) EiN | (c) IRC | (d) Amount of cash grant | (e) Amount of non- | (1) Method of valuation (book, FMV, appraisa, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) | | | |] | | | |
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| (9) | | | | | | | |
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| (6) | | , | | | | | |
| | | | | | | | |
| Enter total number of section 501(c)(3) and government organizations Enter total number of other ornanizations listed in the line 1 table | ions | listed in the line 1 table | : | | | | A A |
| l ë | for Form 990. | | | | | | Schedule I (Form 990) (2015) |
| DAA | | | | | | | |

| Other Assistance to Demestic Individuals. Complete if the organization answered "Ves" on Form 990, Part I be duplicated if additional space is needed. of assistance in planning of calary and in the organization answered "Ves" on Form 990, Part I be duplicated if additional space is needed. of assistance in planning space is needed. Intel Information. Provide the information required in Part I, line 2, Part III, column (0), and any other additional intel interpretation in the information required in Part I, line 2, Part III, column (0), and any other additional interpretation and determines amounts granted to recipients based upon I criteria. | Page 2 nne 22. | (f) Description of non-cash assistance | | | | mation. | | | | | | | | : | Schedule I (Form 990) (2015) | |
|--|---|--|------------------|--|---|--|---------------|------------------------------|--------------------------|---|--------|--|--|---|------------------------------|---|
| Auticon/Athletic Support 160 258,857 Tuition/Athletic Support 160 258,857 | "Yes" on Form 990, Part IV, li | | | | | and any other additional inform | | based upon | | | | | | : | | |
| due From 390 2015 All Star Fundraising 20 Stanks and Other Assistance to Domestic Individuals. Complete Ithe of Ganks and Other Assistance to Domestic Individuals. Complete Ithe of Ganks and or assistance Ithe of Stanks and Ithe Other I | 1-5207747 ganization answered | (d) Amount of non-cash assistance | | | | , Part III, column (b), | Grant Funds | recipients | | | | | | <u>:</u> | | |
| Auticin (Form 990) (2015) All Star Fundraising Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Type of grant or assistance Tuition/Athletic Support 160 art I, Line 2 - Procedures for Monitoria be Board evaluates and determines amour oard approved criteria. | 20 Is. Complete If the or | (c) Amount of cash grant | 258,857 | | | quired in Part I, line 2 | ng the Use of | | : | : | : : | | | | | |
| Tuition/Athletic Support Tuition/Athletic S | trai sing Domestic Individua nal space is needed. | (b) Number of recipients | 160 | | | ide the information re | for Monitori | | | : | | | | : | | |
| | Schedule I (Form 990) (2015) All Star Fund Eartille Grants and Other Assistance to Part III can be duplicated if addition | (a) Type of grant or assistance | Tuition/Athletic | | 8 | 7 Parrity Supplemental Information. Provi | | The Board evaluates and deta | Board approved criteria. | | | | management there are the second to the secon | | | S |

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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| isme of the organization | Employer Identification number |
|--|--------------------------------|
| All Star Fundraising | 20-5207747 |
| Form 990, Part VI, Line 11b - Organization's Process | to Review Form 990 |
| The Form 990 is reviewed by the Treasurers prior to | filing. |
| | |
| Form 990, Part VI, Line 12c - Enforcement of Conflic | ts Policy |
| Board members are provided a copy of the written con | flicts of interest |
| policy upon election to the Board. Board members ar | e instructed to notify |
| the Board of any conflicts of interest immediately. | |
| | |
| Form 990, Part VI, Line 19 - Governing Documents Dis | |
| Various organization documents are available, upon r | |
| | |
| inspection at the corporate office during office hou | rs. |
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