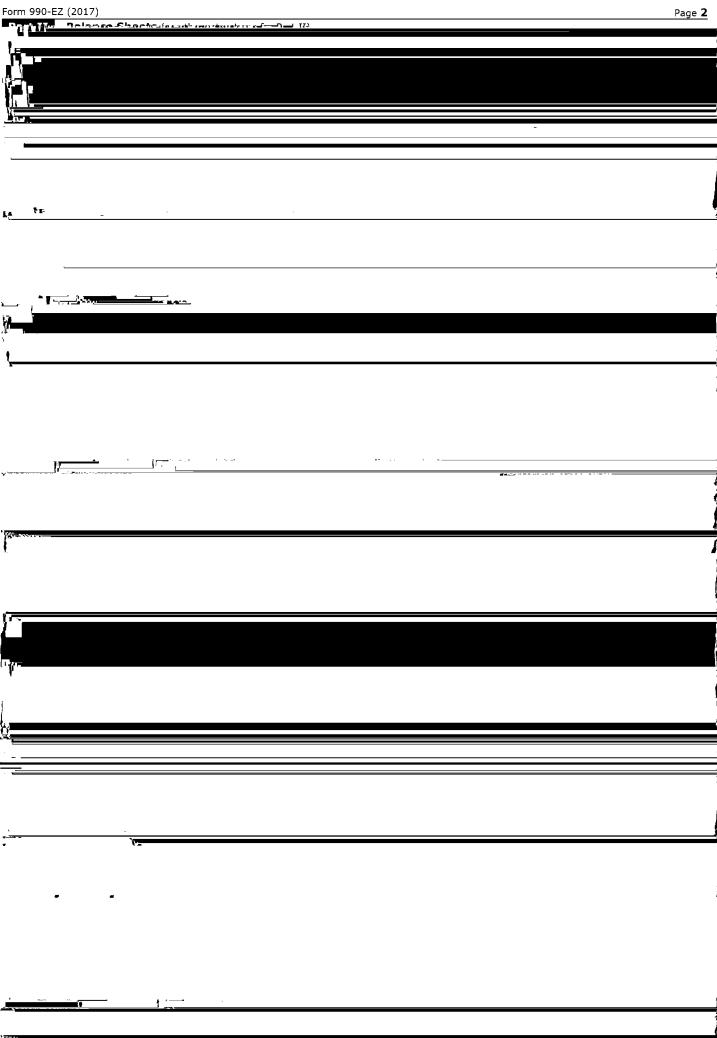
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		Short	Form			OMB No 1545-1150
Form 990-EZ	Return of O	rganization E	Exempt From	Income '	Tax	2015
	Under section 501(c), 527	•	•			2017
						
	➤ Do not enter so ➤ Information about	=	s on this form as it may	· -		Open to Public
Department of the Treasury Internal Revenue Service	F Information about	TOTAL STOLL AND ICS	matructions is at we	vvin sigov / re	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Inspection
	l ar year, or tax year begin	ning 01-01-2017	, and ending 1	2-31-2017		
B Check if applicable	C Name of organization ALL STAR FOUNDATION INC				D Employer	identification number
☐ Address change ☐ Name change					46-34969	
☐ Initial return	Number and street (or P O b 1208 BERT STREET	ox, if mail is not delivered	to street address) Room/s	uite	E Telephone	number
☐ Final return/terminated ☐ Amended return	City or town, state or provinc	e, country, and ZIP or fore	eign postal code			
☐ Amended return ☐ Application pending	LAPLACE, LA 70068				F Group Exe Number	mption •
				1		
G ∿cev outopa_Nethod □	ת הברוים חל שמד לר	.ಬಲವಳಿಗ್ರ 🚩		H Check	▶ ☑ If the o	organization is not
1 * * * =						
28 See Additional Data Table	1					
See Additional Data Table						
(Grants \$)	If this amoun	t ıncludes foreign gran	its. check here	. ▶ □	28a	
29		- · · · · · · · · · · · · · · · · · · ·	,		29a	
(Grants \$)	If this amoun	t includes foreign gran	ts, check here	. ▶ 🗆		
30					30a	
				_		
(Grants \$)	If this amoun	t includes foreign gran	ts, check here	. ▶ □		
31 Other program service	es (describe in Schedule O)					
(Grants \$)			ts, check here	. ▶ ⊔	31a	
	ce expenses (add lines 28a cers, Directors, Trustees,		(list each one even if not co		▶ 32	97,623
	organization used Schedule					
(a) Nam	ne and title	(b) Average	(c) Reportable	(d) Health	henefits	(e) Estimated amount
(a) Nan	ie and title	hours per week	compensation	contributions	to employee	of other compensation
		devoted to position	(Forms W-2/1099- MISC) (if not paid,	benefit pl deferred cor		
			enter -0-)			_
JARRED BRADLEY		000 00	0			
TREASURER						
ABBIGAIL BLANCHARD		000 00	0			
VICE PRESIDE						
TODD DESSELLES		000 00	0			
DIRECTOR						
PAUL MURRAY		000 00	0			
DIRECTOR						_
PAT TOBLER		000 00	0			
DIRECTOR						
TONIA TROSCLAIR		000 00	0			
DIRECTOR						
TASHA TROSCLAIR		000 00	0			
SECRETARY						
TODD TROSCLAIR		000 00	0			
PRESIDENT						



Form	990-EZ (2017)			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	€	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗆	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	<u> </u>			
-				
		Form	990-E	Z (2017)

Form 990-EZ (2017)		Page 4
	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to	Ţ	(, <u> </u>
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Additional Data

Software ID: Software Version:

EIN: 46-3496949

Name: ALL STAR FOUNDATION INC.

Form 990EZ, Part III - Statement of Program Service Accomplishments

	/ [
Describe the organization's program service accomplishments for each of its three largest program	("
services, as measured by expenses. In a clear and concise manner, describe the services provided, the	١,
number of persons benefited, and other relevant information for each program title.	│ `

Required for section 501 (c)(3) and 501(c)(4) organizations; optional

Expenses

for others.) 28a

(Grants \$ 74,250)

28 GOLF TOURNAMENT TO RAISE FUNDS TO DISTRIBUTE TO CHARITIES

If this amount includes foreign grants, check here \cdot \cdot \cdot \triangleright \square

97,623

efile GRAPHIC print - DO NOT PROCESS DLN: 93492317032458 As Filed Data -OMB No 1545-0047 SCHEDULE A **Public Charity Status and Public Support** 2017 (Form 990 or Complete if the organization is a section 501(c)(3) organization or a section 990EZ) 4947(a)(1) nonexempt charitable trust. Attach to Form 1000 -- --- 000 E7 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Schedule A (I	Form 990 or 990-EZ) 201	17					Page 2
Part II	(b)(1)(A)(ix)	for Organizations D					
		on fails to qualify unde					ily ulluer Fait
Section A	A. Public Support	,		, ,	<u>'</u>	,	
_ <u> </u>	Calendar year	<u>(a)</u> -2013	(h) 2014	<u>{c</u> }_2015	(d) 2016	<u>(e)</u> 2017	(f) Total
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Schedule A (Form 990 or 990-EZ) 2017			Page 3
3 Administrative expenses paid to accomplish exempt pu	rposes of supported org	anizations	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	èd)		
6 Other distributions (describe in Part VI) See instruction	ons		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to widetails in Part VI) See instructions	nich the organization is	responsive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see	(i)	(ii) Inde <u>r</u> distributions	(iii) Distributable
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T .			
1 Distributable amount for 2017 from Section C, line	T		
6	_		
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI)			
See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015	<u> </u>		
f Total of lines 3a through e			
g Applied to underdistributions of prior years	-		
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see			
instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$ a Applied to underdistributions of prior years	+		
· · · · · · · · · · · · · · · · · · ·			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract	+		

Sche	edule A (Form 990 or 990-EZ) 2017		F	age 4
Pai	Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Sections A and D, and complete Part V)			
Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described	1		
3a	In section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	2		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3a 3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Year" pushan Part III what controls the organization author place to ensure such use			
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?	11a		
b	A fam	illy member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
		B. Type I Supporting Organizations			
		71 11 2 3		Yes	No
1	elect a VI ho organi	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part with the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the ization had more than one supported organization, describe how the powers to appoint and/or remove directors or less were allocated among the supported organizations and what conditions or restrictions if any applied to such			
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Sche	dule A (Form 990 or 990-EZ) 2017			Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting (Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr instructions. All other Type III non-functionally integrated supporting organizations.	ust on I ations i	Nov 20, 1970 (explain i must complete Sections	n Part VI) See A through E
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
excess of income from activity	
.b	•
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i i martini di martini	17
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b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	
ınstructions ▶]
Schedule A (Form 990 or 990-EZ)	2017

Additional Data

Software ID: Software Version:

EIN: 46-3496949

Name: ALL STAR FOUNDATION INC

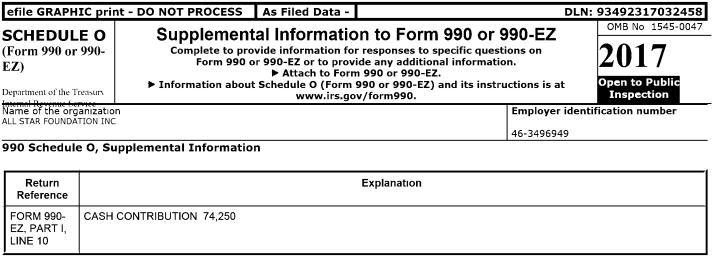
Page 8

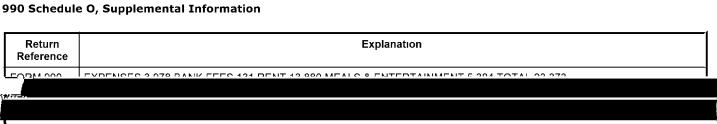
Part VI

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

instructions)

Facts And Circumstances Test





Return Explanation

990 Schedule O, Supplemental Information

Reference	·
FORM 990-	THE ORGANIZATION WILL HOST AN ANNUAL GOLF TOURNAMENT IN DESTREHAN, LOUISIANA TO RAISE FUND

EZ. PART III S TO BE DISTRIBUTED TO VARIOUS CHARITIES CHOSEN BY THE DIRECTORS