EXTENDED TO NOVEMBER 15, 2019

Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

2018

Open to Public Inspection

Α	For th	e 2018 calendar year, or tax year beginning and	ending		
	Check i applical	C Name of organization		D Employer identifi	cation number
	X Addı chan	ALL STAR CODE INC			
Ĕ	Nam chan	Doing business as		90-0	954778
L	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final retur	64 BEAVER ST	152		647-0707
_	term	City or town, state or province, country, and ZiP or foreign postal code		G Gross receipts \$	3,647,163.
Ļ	Ame retur	I LIEW TORK, NY TOUGE	_	H(a) Is this a group re	
L	Appl	ina ina		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
		rempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527		list. (see instructions)
		te: ► ALLSTARCODE.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year		A State of legal domicile: DE
P	art I				
ø	1	Briefly describe the organization's mission or most significant activities: ${\hbox{\tt NATI}}$	ONAL O	RGANIZATION	TEACHING
Governance		CODING AND ENTREPRENEURIAL MINDSETS TO Y	OUNG M	EN OF COLOR	
ern	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
્ટ્રે	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
ઍ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	61
Activities &	6	Total number of volunteers (estimate if necessary)		6	40
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,027,430.	3,167,249.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,328.	-185.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		113,038.	33,001.
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,142,796.	3,200,065.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		24,880.	37,406.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		960,111.	1,353,688.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)		79,000.	115,000.
ă	47	Total fundraising expenses (Part IX, column (D), line 25) 418, 4.	29.	0.61 0.00	201 212
	10	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		961,928.	991,912.
	10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		2,025,919.	2,498,006.
es	19	nevenue less expenses. Subtract line 16 from line 12		116,877.	702,059.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7	inning of Current Year	End of Year
ASS Baa	21	T 18 18 18 18 18 18 18 1		856,334.	1,515,139.
Net P. Set	22	Net assets or fund balances. Subtract line 21 from line 20		115,704. 740,630.	72,450.
	art II	Signature Block		740,630.	1,442,689.
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	inter and to the heet of my	knowledge and belief it is
true	, correc	t, and complete. Declaration of preparer Jother than officer) is based on all information of wh	ich preparer l	nas anv knowledge	Knowledge and belief, it is
		Went Anti		to/28/19	7
Sig	n	Signature of officer		Date	
Her		CHRISTINA LEWIS, CEO			
		Type or print name and title		-	
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN
Paic	į	WILLIAM SKODY WILLIAM SKODY	1	0/04/19 self-employed	P00631754
Prep	parer	Firm's name SKODY SCOT & CO, CPAS, PC		Firm's EIN	13-3597814
Use	Only	Firm's address 520 EIGHTH AVE, SUITE 2200			
		NEW YORK, NY 10018		Phone no.212	967-1100
May	the li	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	n 990 (2018) ALL STAR CODE INC 90-0954778 Page	2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	_
	ALL STAR CODE CREATES ECONOMIC OPPORTUNITY BY DEVELOPING A NEW	
	GENERATION OF BOYS AND YOUNG MEN OF COLOR WITH AN ENTREPRENEURIAL	
	MINDSET WHO HAVE THE TOOLS THEY NEED TO SUCCEED IN A TECHNOLOGICAL	_
	WORLD.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	O
3	PILLY	
_	If "Yes," describe these changes on Schedule O.	0
4		
7	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 316, 349. including grants of \$ 31, 200.) (Revenue \$	_)
	THE SUMMER INTENSIVE PROGRAM IS A GROUNDBREAKING, PROJECT-BASED WEB	
	DEVELOPMENT COURSE THAT INTEGRATES CULTIVATION OF ENTREPRENEURIAL	
	SKILLS, INSTRUCTION FROM COMPUTER SCIENCE COLLEGE GRADUATES OR GRADUATE	Š
	STUDENTS, AND IS HOSTED ON-SITE AT CORPORATIONS SUCH AS GOLDMAN SACHS	
	AND FACEBOOK. THE FREE, SIX-WEEK, FULL-TIME EXPERIENCE USES AN	
	INNOVATIVE, CUSTOMIZED CURRICULUM THAT MIXES TECHNICAL AND SOFT SKILLS.	
	OUR CUSTOM PILLARS DARE GREATLY, CELEBRATE FAILURE, AND TELL YOUR	_
	STORYINTENTIONALLY DEFINE A CULTURE THAT EMPOWERS OUR ALL STARS TO	_
	TAKE RISKS, FAIL FAST, BE RESILIENT, AND SPEAK CONFIDENTLY ABOUT	_
	THEMSELVES.	_
		—
4b	(Code:) (Expenses \$ 389,472. including grants of \$) (Revenue \$	_
710		_ }
	LIFE. ALL STAR CODE'S SCHOLAR SERVICES (ALSO KNOWN AS "ALUMNI	_
	SERVICES") OFFERS A CONTINUUM OF UNIQUE, SOCIAL, PROFESSIONAL, AND	_
	EDUCATIONAL SERVICES THROUGH OUR ONGOING PROGRAMMING POST THE SUMMER	_
	INTENSIVE. PAST SERVICES HAVE INCLUDED INTERNSHIPS, NETWORKING EVENTS,	
	PANELS, SOCIAL GATHERINGS, AND MORE.	
		_
		_
4c	(Code:) (Expenses \$ 347,424 · including grants of \$ 6,206 ·) (Revenue \$	7
	RESEARCH & OTHER ACTIVITIES - ENCOURAGING NEW RECRUITMENT AND	. 1
	CONTINUING ENGAGEMENT BY ORGANIZING STUDENT-CENTERED ACTIVITIES, SUMMER	
	INSTRUCTION, AND OTHER COMPONENTS THAT INCLUDE PRESENTATIONS,	
	DEMONSTRATIONS, AND TALKS LED BY INSPIRING ENTREPRENEURS, CEOS,	_
	DEVELOPERS, DESIGNERS, AND COLLEGE STUDENTS MAJORING IN COMPUTER	_
	SCIENCE.	_
	BCIENCE.	_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 2,053,245.	
	Form 990 (2018	8)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		No.	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	CHESAV		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.41.		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		Λ
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	*	Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		-25
f	the organization's separate of consolidated imandal statements for the tax year include a roomlete that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			21
1 2 8		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

ra	Office is to frequired Scriedules (continued)			
22	Did the eventivation report move than \$5,000 of events as other againtages to as for description in this leads		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	Λ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			200
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			١
00	Schedule L, Part I	25b		X
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			v
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
e 1	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	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 22
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
97	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
36	N. C. All Farm 000 Clare and death of the data of	20	x	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
		·····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	178.04	. 03	.40
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
832004	12-31-18		990 ((2018)

	990 (2018) ALL STAR CODE INC	<u>90-0954</u>	<u>778</u>	Р	<u>age 5</u>			
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
		1	1	Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За			За		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X			
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		5b		X			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				10000000			
			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	•						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	. , ,	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				2000			
	to file Form 8282?		7c		X			
d	7							
ę	, , , , , , , , , , , , , , , , , , , ,							
f	· · · · · · · · · · · · · · · · · · ·							
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-						
_			8					
9	Sponsoring organizations maintaining donor advised funds.							
a .			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	3.29				
10	Section 501(c)(7) organizations. Enter:	l I						
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
40	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	258-34				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	55.33				
L-	Note. See the instructions for additional information the organization must report on Schedule O.							
D	Enter the amount of reserves the organization is required to maintain by the states in which the	40%						
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c	44		v			
14a և			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule is the explanation publicated the section 4060 tax on payment(s) of more than \$1,000,000 in required		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		v			
	excess parachute payment(s) during the year?		15		<u> </u>			
	If "Yes," see instructions and file Form 4720, Schedule N.							

Form **990** (2018)

if "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

ALL STAR CODE INC 90-0954778 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 9 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? X 13 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY, DE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection, Indicate how you made these available. Check all that apply. Another's website X Upon request ☐ Other (explain in Schedule O) _ Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 973-647-0707

Form 990 (2018)

10004

64 BEAVER ST, NO. 152, NEW YORK, NY

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle	heck ss pe	erson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTINA LEWIS	50.00								899	200
FOUNDER & CEO		X		X				122,305.	0.	28,082.
(2) DAVID BUCKNER ORR	1.00									_
CHAIRMAN	1 00	X		X	_			0.	0.	0.
(3) ELISABETH MASON	1.00									
SECRETARY	1 00	X		X		-		0.	0.	0.
(4) DIANA MILLER	1.00	37		37				0		0
TREASURER	1.00	X		X				0.	0.	0.
(5) DEREK JEAN-BAPTISTE	1.00	х						0.	0.	0
DIRECTOR (6) DENMARK WEST	1.00	Δ.						0.	0.	0.
(6) DENMARK WEST DIRECTOR	1.00	х						0.	0.	0.
(7) RANDOLPH K. ADLER	1.00	21						0.	0.	0.
DIRECTOR	1100	X						0.	0.	0.
(8) HUGH MOLOTSI	1.00									
DIRECTOR		х						0.	0.	0.
(9) MARCUS MITCHELL	1.00									
DIRECTOR		X						0.	0.	0.
(10) GAVIN LEO-RHYNIE	1.00									
DIRECTOR		X						0.	0.	0.
									1	
			3 22							

Form 990 (2018)

- 41	Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, an	<u>a Hi</u>	gne	st C	compensated Employe	es (continued)				
	(A)	(B) (C) Average Position							(D)	(E)	(F)			
	Name and title	Average	(do				1 than :	one	Reportable	Reportable				eď
		hours per week					is bot or/trus			compensatio		ar	nount	of
		(list any		T			T	, 	from the	from related organizations		000	other	tion
		hours for	direc			ļ	9		organization	(W-2/1099-MIS			pensa om th	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** £27 1000 1411C	·~,		anizat	
		organizations	trust	nal tru		yee	ed w		, ,			_	d relat	
		below	Individual trustee or director	Institutional trustee) je	Кеу етрюуее	Highest compensated employee	Former				orga	anizati	ons
		line)	皇	IIIST	Officer	Key	£	臣						
				_	_									
						_								
										• "				
				-			-				1500			
,												_		
							ļ							
				-				_			-			
					6									
1b	Sub-total							—	122,305.		0.	2	8,0	82.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)		.,			<u>.</u> .			122,305.		0.	2	8,0	82.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportable	е			
	compensation from the organization		2	F 1				_						. 1
	Did the constitution lies and for					1			L:_l, t t		Г		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a. is the su											3		Α
Tā.	and related organizations greater than \$15	,		٠								4	х	
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch ,	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	•									pensa	ation f	rom	
	(A)	irie caleridar y	eai !	BUIGH	ig v	VILLI	OI W	1111	(B)	rear.		((9	
	Name and business	address							Description of s	ervices	C		nsatio	n
	JN LLC													
	W 10TH ST, SUITE 3, N							_	FUNDRAISING			11	5,0	00.
	MAY EVENTS & PRODUCTION					ve:	ST					4.0		
39'.	TH ST, 12TH FL, NEW YO	KK, NY .	LUI	ΊΤζ	5				EVENT PRODUC	PION		Τ0	<u>6,9</u>	93.
	-							1						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	sted	l above) who received m	ore than				
	\$100,000 of compensation from the organi	zation			2	-	2							

Form **990** (2018)

		Check if Schedule O cont.	ains a respons	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
\$ \$	1 a	Federated campaigns	1a					012 011
irar		Membership dues						
اغ ي		Fundraising events		505,475.				
荒る		Related organizations						
S,E		Government grants (contribut						
E S.		All other contributions, gifts, gran						
t et		similar amounts not included above		,661,774.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$	15,656.				
a S	h	Total. Add lines 1a-1f			3,167,249.			
				Business Code				
يو	2 a							
ه څ	b							
Se	С							
eve	d						30.00	
Program Service Revenue	е							
<u>,</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory	12,004	•				
	b	Less: cost or other basis	40.400					
		and sales expenses	12,189	•				
		Gain or (loss)			105			105
		Net gain or (loss)			-185.			-185.
Other Revenue	8 a	Gross income from fundraising including \$ 505,4 contributions reported on line	75 of 1c). See					
ē		Part IV, line 18		a 467,910.				
₽		Less: direct expenses		b 434,909.	22 001			22 224
		Net income or (loss) from fund	_	>	33,001.			33,001.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		b		Same to the same		
		Net income or (loss) from gam	_					
		Gross sales of inventory, less and allowances						
		Less: cost of goods sold						
ł	С	Net income or (loss) from sales Miscellaneous Revenue						
	11 a			Business Code				
	ii a							
	C							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			3,200,065.	0.	0 .	32,816.
_						7 1	-	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D	Check if Schedule O contains a respons	(A)		(C)	
7b, 8l	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	25 406	27 406		
	ndividuals. See Part IV, line 22	37,406.	37,406.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	122 205	106 256	1 177	11 770
	trustees, and key employees	122,305.	106,356.	4,177.	11,772
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,028,182.	894,108.	35,113.	98,961
	Other salaries and wages	1,020,102.	094,100.	35,113.	90,901
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	97,554.	84,080.	3,529.	9,945
	Other employee benefits	105,647.	91,055.	3,821.	10,771
	Payroll taxes	105,647.	91,055.	3,021.	10,771
	Fees for services (non-employees):				
	Management	2,560.		2,560.	
	Legal	82,318.		82,318.	
	Accounting	04,510.		02,310.	
	Lobbying	115,000.			115,000
	Professional fundraising services. See Part IV, line 17	113,000.			113,000
	Investment management fees				
-	column (A) amount, list line 11g expenses on Sch 0.)	263,479.	174,216.	65,527.	23,736
		203,473.	1/4,210.	03,327.	23,130
	Advertising and promotion	46,469.	25,271.	5,026.	16,172
	Office expenses	40,403.	25,271.	3,020.	10/1/2
	Information technology				
	Royalties	166,779.	12,989.	153,790.	
	Occupancy	100,175	12,505.	133,7301	
	TravelPayments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	7,977.	56.	7,918.	3
	Other expenses. Itemize expenses not covered			112-11	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	TRAVEL & MEETINGS	221,070.	115,413.	21,903.	83,754
	EQUIPMENT PURCHASES	132,602.	129,213.	3,389.	/
	DUES AND SUBSCRIPTIONS	20,487.	8,149.	10,815.	1,523
	SUPPLIES	17,642.	12,154.	5,412.	76
	All other expenses	30,529.	362,779.	-378,966.	46,716
	Total functional expenses. Add lines 1 through 24e	2,498,006.	2,053,245.	26,332.	418,429
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
03	2011-2			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		390,100.	1	600,690.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		444,550.	3	870,271.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ted employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
so.		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		3,091.	9	10,837.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		5,551.	12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		13,042.	15	33,341.
	16	Total assets. Add lines 1 through 15 (must equa	1	856,334.	16	1,515,139.
	17	Accounts payable and accrued expenses		115,704.	17	72,450.
	18	Grants payable	, , , , , , , , , , , , , , , , , , , ,	18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ø	22	Loans and other payables to current and former				
iţie	7	key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		115,704.	26	72,450.
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and				
ğ	27	Unrestricted net assets		221,558.	27	491,170.
3913	28	Temporarily restricted net assets		519,072.	28	951,519.
JQ E	29	Permanently restricted net assets			29	
Fu		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🔙			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		30		
155	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other funds		32	
Z	33	Total net assets or fund balances		740,630.	33	1,442,689.
	34	Total liabilities and net assets/fund balances		856,334.	34	1,515,139.

-orm	1 990 (2018) ALL STAR CODE INC	90-09	5 <i>1770</i>	De	19
	rt XI Reconciliation of Net Assets	30-03	54//6	Pag	ge ız
	Check if Schedule O contains a response or note to any line in this Part XI				
	one of the state o		• • • • • • • • • • • • • • • • • • • •		Ш.
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,20	0,0	65.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,49		
3	Revenue less expenses. Subtract line 2 from line 1	3			59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			30.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			-	
	column (B))	10	1,44	2,6	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			

Act and OMB Circular A-133?

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

X

Form 990 (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number ALL STAR CODE INC 90-0954778 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. I type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ___ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other in your governing documen (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ALL STAR CODE INC 90-0954 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support			,			
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			197 == 19	(4) 2017	(6) 2010	(I) Total
	membership fees received. (Do not						
	include any "unusual grants.")	1426845.	714,709.	1149127.	2027430.	3167249.	8485360.
2	Tax revenues levied for the organ-					320,1231	0 2033001
	ization's benefit and either paid to	4					
	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	1426845.	714,709.	1149127.	2027430.	3167249.	8485360.
5		1120045.	7117703.	777771.	2027430.	310/249.	0405300.
_	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,						
	ook man (f)						
_							3013027.
	Public support. Subtract line 5 from line 4. ction B. Total Support					No. of the latest and	<u>5472333.</u>
			T	NO SOUND WAS BEEN WA			
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1426845.	714,709.	1149127.	2027430.	3167249.	8485360.
8							
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				2,328.	-185.	2,143.
9	Net income from unrelated business		i				
	activities, whether or not the					ļ	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	i					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8487503.
12	Gross receipts from related activities,	etc. (see instructio	ns)		900	12 1	627,925.
13	First five years. If the Form 990 is for	the organization's					
	organization, check this box and stop	here		***************************************	************************		
	ction C. Computation of Publi	c Support Per	centage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2018 (lin	ne 6, column (f) div	rided by line 11, co	olumn (f))		14	64.48 %
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	58.22 %
16a	33 1/3% support test - 2018. If the or	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies a	s a publicly suppo	rted organization				▶ X
b	33 1/3% support test - 2017. If the or	ganization did not	check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualif	ies as a publicly s	upported organiza	tion		,	▶□
17a	10% -facts-and-circumstances test	- 2018. If the orga	nization did not ch	neck a box on line	13, 16a, or 16b. a	nd line 14 is 10% o	or more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t	est. The organizat	ion qualifies as a n	ublicly supported	organization		
b	10% -facts-and-circumstances test	- 2017, If the orga	nization did not ch	neck a box on line	13, 16a, 16h, or 1	7a. and line 15 is 1	
	more, and if the organization meets the						
	organization meets the "facts-and-circu						
18	Private foundation. If the organization						
						tule A (Form 990)	vr 000_E7\ 2010

Schedule A (Form 990 or 990-EZ) 2018 ALL STAR CODE INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support			-	·		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and			1 2 2 2	(=)-0.1	(0) 2010	1) Total
membership fees received. (Do not			1			
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-			•			
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				ļ		
are not an unrelated trade or bus-						
inon under cestion 510						
	 -			ļ		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	_					
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received					 	+
from other than disqualified persons that						1
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			- #			
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				· · · · · · · · · · · · · · · · · · ·		
alendar year (or fiscal year beginning in) 🕨 🔃	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						}
and income from similar sources	_					
b Unrelated business taxable income					·	-
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b		``			 	
11 Net income from unrelated business					-	
activities not included in line 10b,						
whether or not the business is						
regularly carried on 2 Other income. Do not include gain					·	
or loss from the sale of capital						
assets (Explain in Part Vi.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)				3 3		
4 First five years. If the Form 990 is for the	e organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) orgar	nization,
check this box and stop here			************************			
ection C. Computation of Public	Support Per	centage				
5 Public support percentage for 2018 (line	8, column (f), d	ivided by line 13, c	olumn (f))		15	9
6 Public support percentage from 2017 Sc	hedule A, Part	*** ** ***			16	9
ection D. Computation of Investr						
7 Investment income percentage for 2018			e 13. column (f))		17	9
Investment income percentage from 201	7 Schedule A. F	Part III line 17	o to, colaitiit (i)			9
3-00-4/00/	ranization did n	ot check the boy o	n line 14 and line	15 is more than 3	22.1/20/	
48 33 1/3% SUPPORT facte - 2018 IT The AM	juineumun u∤u H	OF CHECK THE DOX O	n mie 14, and line	to is more than 3	ಎ 1/3%, and line	17 IS NOT
as 33 1/3% support tests - 2018. If the org	etan have The	organization	on an a mubilistic	innovitori -	4:	
more than 33 1/3%, check this box and s	stop here. The o	organization qualifi				
b 33 1/3% support tests - 2017. If the org	stop here. The d ganization did no	organization qualifi ot check a box on	line 14 or line 19a,	and line 16 is mo	ore than 33 1/3%	, and
more than 33 1/3%, check this box and	stop here. The oganization did not this box and sto	organization qualifi ot check a box on l op here. The organ	line 14 or line 19a, ization qualifies as	and line 16 is mo a publicly suppo	ore than 33 1/3% orted organization	, and n

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b 990 or 9		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Pai		g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	1
Secti	ion 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		
	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
- 64	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
- 3	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6_	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount		un est	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	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting or	ganization (see
	inetructions)			

Part	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			6
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	-	•^	
	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
,,,,	mile of mileson of the equipment	(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
	From 2016			
e	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to underdistributions of prior years Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
5				
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
_ a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
6	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 ALL S	TAR CODE	INC		90-0954778	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part (See instructions.)	rovide the expla	nations required by Pa 9b. 9c. 11a. 11b. and	11c: Part IV. Section B. lines 1.	17b; Part III, line 12;	С
-						
-						
				V		
	=					
		-				
						
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.36						
						
	7				g g	
	+ 0					

Schedule A (Form 990 or 990-EZ) 2018

832028 10-11-18

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization Employer identification number ALL STAR CODE INC 90-0954778 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules

X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

ALL STAR CODE INC

90-0954778

(a) No. from	cash Property (see instructions). Use duplicate copies of P (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUTERS		
7		\$15,656.	_06/30/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

ALL ST	TAR CODE INC			90-0954778	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described	in section 501(c)(7), (8), or (10) to	hat total more than \$1,000 for the year	
	completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,000	or less for the year. (Enterthis info. once	s.) ► \$	
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	-	(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
		/-> Tuesday of			
		(e) Transfer of	giit		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
		(e) Transfer of	fgift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(a) Transfer of	f wift		
		(e) Transfer of	ı yııt		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Emplo	oyer identification number
	ALL STA	R CODE INC		, , , , , , , , , , , , , , , , , , , ,	90-0954778
Pa	art I-A Complete if the org	janization is exempt und	der section 501(c	or is a section 527 or	ganization.
1 2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	art I-B Complete if the org	janization is exempt und	der section 501(c	:)(3).	
	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 5▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	a Was a correction made?				
	- If "Vac " describe in Bort IV				
	art I-C Complete if the org				
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fun	ction activities > \$	
2	Enter the amount of the filing organ				
	exempt function activities				
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PC)L,	
	line 17b				Yes No
4		1120-POL for this year?	This of all postion FOT a	a clitical arganizations to which	
5	made payments. For each organization	nployer identification number (c	in) of all section 527 p	nization's funds. Also enter th	e amount of political
	contributions received that were pr	omptly and directly delivered to	a separate political or	rganization, such as a separa	te segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Pa	rt IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.
-	70				
			1	1	

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018	ALL STAR CO	DE INC		90-0	1 <u>954</u> 778 Page 2
Part II-A Complete if the org	janization is exen	npt under section	501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)). A Check ▶ ☐ if the filing organiza	Alan Indiana A Ser				
		ated group (and list in l	Part IV each affiliated	group member's nam	ie, address, EIN,
. —	re of excess lobbying e	expenditures). d "limited control" prov	isions apply		
			ізіона арріу.	(a) Filing	(b) Affiliated group
	ts on Lobbying Expen ditures" means amou			organization's totals	totals
1a Total lobbying expenditures to influ	uence public opinion (g	rass roots lobbying)		0.	
b Total lobbying expenditures to influence				0.	
c Total lobbying expenditures (add li				0.	
d Other exempt purpose expenditure				2,079,577.	
e Total exempt purpose expenditure				2,079,577.	
f Lobbying nontaxable amount. Ente		following table in both	columns.	253,979.	
If the amount on line 1e, column (a) o		ying nontaxable amou	unt is:		
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,000		plus 15% of the exces			
Over \$1,000,000 but not over \$1,5		plus 10% of the exces			
Over \$1,500,000 but not over \$17,) plus 5% of the excess	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			63,495.	
h Subtract line 1g from line 1a. If zero			20.	0.	-
i Subtract line 1f from line 1c. If zero				0.	-
j If there is an amount other than ze					
reporting section 4911 tax for this				<u>,,</u> [Yes No
(Some organizations th	4-Year Aver nat made a section 50	aging Period Under S	ection 501(h) ave to complete all (elow.
	Lobbying Expend	ditures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	123,279.	191,325.	233,214.	253,979.	801,797
b Lobbying ceiling amount					
(150% of line 2a, column(e))				17 19 19 19 19	1,202,696.
c Total lobbying expenditures	0.	0.	0.	0.	
d Grassroots nontaxable amount	30,820.	47,831.	58,304.	63,495.	200,450.
e Grassroots ceiling amount (150% of line 2d, column (e))					300,675.
			1		

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

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

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendrum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1))? d Mailings to members, legislators, or the public? d Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11 2 B Idd the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, i answered "Yes." 1 Dues, assessments and similar amounts from members 2 Did the organization sexempt under section 162(c), section 501(c)(6), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, i answered "Yes." 2 Dues, assessments and similar amounts from members 3 Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenditure expenditures for hexcess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable	1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?	No	Ame	nrum#
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with logislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Other activities? l Total. Add lines 1c through 1i labelies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Total Add lines 1c through 1i labelies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Total Add lines 1c through 1i labelies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Total Add lines 1c through 1i labelies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Total Add lines 1c through 1i labelies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Total History and the organization to be not described in section 501(c)(3)? l If Yes, enter the amount of any tax incurred under section 4912 l If Yes, enter the amount of any tax incurred by organization managers under section 4912 l If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? l Were substantially all (90% or more) dues received nondeductible by members? l Did the organization make only in-house lobbying expenditures of \$2,000 or less? l Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? l Dues, assessments and similar amounts from members l Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? l Dues, assessmen	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?		1	Juiil
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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No				
Solicition Sol		:)(5), or :	section	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Corrent year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions)	··· = ·· · · · · · · · · · · · · · · ·	7.		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, i answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 4 Line 3, i answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 4 Line 3, i answered "No," OR (b) Part III-A, line 3, i answered "No," OR (b		-	Yes	No
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 5	1 Were substantially all (90% or more) dues received nondeductible by members?	1		
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expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (b) Pa	art III-A, lii	ne 3,
a Current year b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." 1 Dues, assessments and similar amounts from members			ne 3,
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does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 5	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	22 21 22		ne 3,
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	22t 2t		ne 3,
5 Taxable amount of lobbying and political expenditures (see instructions) 5	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	22t 2t		ne 3,
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	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	22 21 20 3		ne 3,

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALL STAR CODE INC

Employer identification number 90-0954778

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line 6.	·				
	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised for	unds				
	are the organization's property, subject to the organization's exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	ferring				
	impermissible private benefit?	Yes No				
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).					
	Preservation of land for public use (e.g., recreation or education)					
	Protection of natural habitat Preservation of a certified	historic structure				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last				
	day of the tax year.	Held at the End of the Tax Year				
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
C	Number of conservation easements on a certified historic structure included in (a)	2c				
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure					
	listed in the National Register 2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax				
	year >	-				
4	Number of states where property subject to conservation easement is located ▶					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	ation easements during the year				
	>					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year				
	> \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4))(B)(i)				
	and section 170(h)(4)(B)(ii)?	Yes No				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	tement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for				
	conservation easements.					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement					
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	service, provide the following amounts				
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X	> \$				
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide				
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1	> \$				
b	Assets included in Form 990, Part X	▶ \$				

Schedule D (Form 990) 2018

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

		AR CODE INC						<u>90-09</u>	<u> 5477</u>	8 Pa	age 2
Pa	t III Organizations Maintaining										
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following that are	a sign	ificant	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition		d 🗀	Loan or exc	change programs						
b	Scholarly research		e 🔲	Other							
C	Preservation for future generations										
4	Provide a description of the organization's of	ollections and expla	in how th	ney further t	the organization's	exemp	t purp	ose in Par	t XIII.		
5	During the year, did the organization solicit										
	to be sold to raise funds rather than to be n	aintained as part of	the orga	nization's c	ollection?		.,		Yes		No
Pa	t IV Escrow and Custodial Arrar	igements. Comp	lete if the	organizatio	on answered "Yes	" on Fo	rm 99	0, Part IV,	line 9, o		
	reported an amount on Form 990, Pa								·		
1a	Is the organization an agent, trustee, custoo	lian or other interme	diary for	contribution	ns or other assets	not inc	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						11				
2a	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or c	ustodial account I	iabilitv'			Yes		No
	If "Yes," explain the arrangement in Part XIII						******				ן ועט ן
	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	orm 990. Part IV. I	ine 10.					
=		(a) Current year		rior year	(c) Two years bad			rears hack	(a) Four	r vaare	hack
1a	Beginning of year balance	(a) carron year	(3)	tion your	(C) Two yours but	, (u)	111100	yours buok	(e) i oui	yours	Dauk
	Contributions					 -					
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities					+					
·	and programs										
£	Administrative expenses										
					-						
	End of year balance Provide the estimated percentage of the cui		os (line 1								
2				g, column (a	a)) new as:						
a	Board designated or quasi-endowment		%								
	Permanent endowment										
С	Temporarily restricted endowment										
•	The percentages on lines 2a, 2b, and 2c sho		-12 11								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neid a	ind administered f	or the	organiz	zation	г		
	by:									Yes	No_
	(i) unrelated organizations										
	(ii) related organizations						•••••		3a(ii)		
	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment t	unds.							
Par											
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990, Par	t X, line	10.				
	Description of property	(a) Cost or o			,) Accu			(d) Bool	k value	•
		basis (investr	nent)	basis	(other)	depre	ciation				
1a	Land										
b	Buildings			-							
	Leasehold improvements										
d	Equipment										
	Other										
 Fotal	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	(Oc.)						0.

Schedule D (Form 990) 2018

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number ALL STAR CODE INC 90-0954778 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants g X Special fundraising events Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name and address of individual (ii) Activity to (or retained by) from activity fundraiser or entity (fundraiser) organization listed in col. (i) Yes No DAUN LLC - 31 W 10TH ST. SUITE 3, NEW YORK, NY 10011 508,788 115,000 MONTHLY FUNDRAISING ADVICE X 393,788. 508,788, 115,000. 393,788, Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Schedule G (Form 990 or 990-EZ) 2018

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

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	us greater than \$5,000.
						(d) Total events
			SUMMER BENEFIT	5 YEAR CELEBRATION	NONE	(add col. (a) through
•			(event type)	(event type)	(total number)	col. (c))
une					,	
Revenue	1	Gross receipts	910,070.	63,315.		973,385.
	2	Less: Contributions	505,475.			505,475
	3	Gross income (line 1 minus line 2)	404,595.	63,315.		467,910.
	4	Cash prizes				
40	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	50,863.			50,863.
irect E)	7	Food and beverages	134,349.			134,349.
	8	Entertainment		8		
	9	Other direct expenses				249,697.
	10	, ,				434,909.
_		Net income summary. Subtract line 10 from I				33,001.
Pa	rt l	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 011 0111 930 LZ, Illie 0a.	I	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
ш_	1	Gross revenue				
	2	Cook prizes				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	-	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)	,		
		Net gaming income summary. Subtract line 7	from line 1 column (d)			
	8	ryor garning income summary. Subtract line /	nomine i, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities: _			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_				· · ·	
220	20 4	0-03-18			Schedule G (Eo	rm 990 or 990-EZ) 2018
ucu.	ا ⊃د	4-00-10			CONCACIO MITUI	:

Sch	ledule G (Form 990 or 990-EZ) 2018 ALL STAR CODE INC	<u>90-09</u>	<u>5477</u>	78	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s [No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		Ye	s [☐ No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	1	3a		%
	An outside facility	0.000,000	3b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record				
	and the familiar and addition of the person time properties the engagement of gamming opening of the person and record				
	Name >				
	Name				
	Address	1			
	Address >				
		Г	٦.,		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	5	No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt			
	of gaming revenue retained by the third party 🕨 \$				
C	: If "Yes," enter name and address of the third party:				
	Name				
	Address >				

16	Garning manager information:				
	Carring Harago, mornatorn				
	Name >				
	Name -				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Ye	s [□ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the			
~	organization's own exempt activities during the tax year ▶ \$				
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part I	II lines	9 91	10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and are	11, 111103	0, 0.	, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information, occ instituctions.				
_					
		····			

Schedule G (Form 990 or 990-EZ)	ALL STAR CODE INC	90-0954778 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	rmation (continued)	
		
-		

14571004 788383 AS2319

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization ALL STAR	CODE TNC						Employer identification number 90-0954778
Part I General Information on Grants as							50 0554110
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro	tance?						
Part II Grants and Other Assistance to I					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addit	ional space is need	ded.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
						 	
		951					
2 Enter total number of section 501(c)(3) a	nd government or	I ganizations listed in th	ne line 1 table				>
3 Enter total number of other organizations	s listed in the line	1 table					

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ALL STAR CODE INC

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
a contributed	34	37,406	0.		
T STIPENDS	34	37,406			
		2			
Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
			No. of the second second		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

ALL STAR CODE INC

Open to Public

90-0954778

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а		4a		Х
b		4b		X
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CHRISTINA LEWIS	(i)	122,305.	0.	0.	521.	27,561.	150,387.	0.
FOUNDER & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
When we have the second of the	(ii)							
	(i)							
	(ii)							
	(i)							
***************************************	(ii)							
	(i)							
-	(ii)							
	(i)							
**************************************	(ii)	***************************************						
	(i)							
	(ii)							
	(i)							
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	(i)							
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**************************************	(ii)							
	(i)							
Warner and the second s	(ii)							
	(i)							
Marie 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(ii)		VIII.					
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018	ALL STA	R CODE	INC			90-0954778	Page 3
Part III Supplemental Informa	tion						
rovide the information, explanati	on, or descriptions	required for Pa	rt I, lines 1a, 1b, 3, 4a, 4	4b, 4c, 5a, 5b, 6a, 6b, 7, ar	nd 8, and for Part II. Also complet	te this part for any additional informa	ation.

			All and the second seco				
	Name of the American Control o						

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number ALL STAR CODE INC 90-0954778 FORM 990, PART VI, SECTION B, LINE 11B: THE TAX RETURN IS REVIEWED BY THE FINANCE & AUDIT COMMITTEE, AND THEN DISTRIBUTED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED INFORMATION. ANY CONFLICT IS REVIEWED BY THE BOARD BEFORE A DECISION IS MADE AS TO WHETHER TO APPROVE THE TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15: THIS REVIEW INCLUDES RESEARCHING GUIDESTAR, FORM 990S OF SIMILAR ORGANIZATIONS, AND NY NON-PROFIT NETWORK ANNUAL SALARY SURVEY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OUTSIDE CONTRACTORS - SUMMER INTENSIVE: PROGRAM SERVICE EXPENSES 25,309. MANAGEMENT AND GENERAL EXPENSES 0.

OUTSIDE CONTRACTORS - INTRODUCTORY WORKSHOPS:

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

Schedule O (Form 990 or 990-EZ) (2018)

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FUNDRAISING EXPENSES

TOTAL EXPENSES

0.

<u>25,309.</u>

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
ALL STAR CODE INC	90-0954778
PROGRAM SERVICE EXPENSES	83,107.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,107.
OUTSIDE CONTRACTORS - RESEARCH & OTHER ACTIVITIES:	
PROGRAM SERVICE EXPENSES	65,800.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	65,800.
OTHER OUTSIDE CONTRACTORS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	30,103.
FUNDRAISING EXPENSES	23,736.
TOTAL EXPENSES	53,839.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	35,424.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,424.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	263,479.