Form **990**

Department of the Treasury

Return of Organization	Exempt From Income Tax
iteration en en gammanen	

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inter	nal Reve	enue Servi	ice	Informati	on about Form	990 and its	instruction	s is at ww	w.irs.gov	//form	n990.		Inspection	n
A F	or th	ne 2023	3 calend	dar year, or tax year be	eginning			and er	ding					
			C Name	of organization						D	Employer id	lentifi	cation number	
	heck if a		ALI	L STAR CODE, INC										
	Addro		•	Business As				1					54778	
	Name	e change	Numb	er and street (or P.O. box if ma	ail is not delivered	to street addre	ss)	Room/sui	te	E	Telephone r	numbe	er	
	Initia	l return		6 FIFTH AVE., ST							(9	17)	710-1614	
		inated	City or	town, state or province, coun	try, and ZIP or fore	eign postal cod	e							
	Amer	n .		W YORK, NY 10001							Gross receip		2,557,468	
	pend	cation ing		and address of principal office	DIMM	Y ROJAS				H(a	Is this a gro subordinates			X No
				6 FIFTH AVE., ST		4, NEW Y				H(b)	Are all subor			No
<u> </u>		empt sta	-	X 501(c)(3) 501(c) () ┥ (in	isert no.)	4947(a)(1)	or	527	-			st. (see instructions)	
				ALLSTARCODE.ORG							Group exem	·		
			ization:	X Corporation Trust	Association	Other	•	L Ye	ar of forma	ation:	2013 M	State	e of legal domicile:	DE
Ρ	art I		nmary											
	1			e the organization's mission	-							<u>T.I.</u> X	FOR YOUNG	
nce				DLOR BY DEVELOPIN		REPRENEU	RIAL MI.	NDSET	AND PF	200				
erna	2			ET_FOR_A_CAREER_ ↓										
Activities & Governance	2		this box	v								3		10
∞ ∞	4	Numb	or of ind	ing members of the goverr ependent voting members	of the governin	vi, lilie ia)	VI line 1b)			• •		4		10 10
ies	5											4 5		46
ivit	6			of individuals employed in								6		103
Act	-	Total		of volunteers (estimate if ne d business revenue from Pa	rt VIII. column (C) line 12				• •		0 7a		NONI
				business taxable income fr								7a 7b		NONI
		iver ui	lielateu i		011 F0111 990-1	, 11110 34			· · · · ·		ior Year	10	Current Yea	
	8	Contri	hutions a	and grants (Part VIII, line 1h)				_		,817,8	50	2,474,3	
Revenue	9	Progra	am servic	ce revenue (Part VIII, line 2g	n)	• • • • • •		Y FOR				ONE		NONI
evel	10			come (Part VIII, column (A)			PUBLIC I	NSPECTIC			8,4			015.
Å	11			(Part VIII, column (A), line					┛┝──		8,8			161.
	12			- add lines 8 through 11 (n						2	,835,1		2,540,3	
	13			nilar amounts paid (Part IX,								ONE		NONI
	14			o or for members (Part IX,								ONE		NONE
	4.5			compensation, employee						1	,971,2		2,002,	
Isee	16a			undraising fees (Part IX, col						-	60,0			NONI
Expenses	b			ng expenses (Part IX, colun					••		0070			
ш	17			es (Part IX, column (A), line							946,6	32	724,	582
	18	Total e	expenses	s. Add lines 13-17 (must ed	oual Part IX, colu	umn (A), line	25)		•	2	,977,8		2,727,1	
	19			expenses. Subtract line 18							-142,6		-186,	
es Se	-										of Current		End of Year	
Net Assets or Fund Balances	20	Total a	assets (P	art X, line 16)						3	,348,6	36.	2,847,8	852.
Ass I Ba	21			(Part X, line 26)						-	399,7			887.
L Net	22			fund balances. Subtract line						2	,948,8		2,761,	
	rt II		gnature								<u> </u>			
Un	der pe	nalties o	f por jøøku	usignetang:that I have examine Declaration of preparer (other	d this return, incl	luding accomp	anying sched	ules and st	atements,	and t	o the best o	of my	knowledge and beli	ef, it is
true	e, corre	ect, and	- 41	1	than officer) is ba	ised on all info	rmation of wh	ich prepare	r has any k	knowl	edge. 9/11/			
				ny Kojas							5/11/	202	. –	
Sig				AF9F554A473 of officer	E va						Date			
He	re		Danny	RUJAS	Exe	cutive D	Trector							
			Type or p	rint name and title										
		Print/	Type prep	parer's name	Preparer's s	ignature		Date		_	Check	if	PTIN	
Paio		MICH	HAEL	PINTABONE	MICHAEI	L PINTA	BONE	08/	29/202	24	self-employ	/ed	P01275156	
	parer	Firm's	name	► WITHUMSMITH+BR	OWN, PC						n's EIN 🕨		2-2027092	
	Only	Firm's	address	ONE TOWER CENTER	BLVD 14TH FL					Pho	one no.	7	32-828-1614	1
Мау	/ the I	RS dise	cuss this	s return with the preparer sl	nown above? (se	ee instruction	s)							No
-				on Act Notice, see the sep									Form 990 (

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	ALL STAR CODE, INC.	90-0954778
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art I		Γ
Dail	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
	efly describe the organization's mission:	
	LL STAR CODE CREATES ECONOMIC OPPORTUNITY FOR YOUNG MEN OF COLOR BY	
	EVELOPING AN ENTREPRENEURIAL MINDSET AND PROVIDING A SKILL SET FOR A	
	AREER IN TECH.	
Did	the organization undertake any significant program services during the year which were not listed	on the
	or Form 990 or 990-EZ?	
If "א	Yes," describe these new services on Schedule O.	
	the organization cease conducting, or make significant changes in how it conducts, any p	rogram
	vices?	
	Yes," describe these changes on Schedule O.	
	scribe the organization's program service accomplishments for each of its three largest program	
exp	scribe the organization's program service accomplishments for each of its three largest program penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants	
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exp the	scribe the organization's program service accomplishments for each of its three largest program benses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants total expenses, and revenue, if any, for each program service reported.	
exp the a (Co	scribe the organization's program service accomplishments for each of its three largest program benses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants total expenses, and revenue, if any, for each program service reported.	s and allocations to othe
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COLOR AND RECRUITING ALL STAR CODE APPLICANTS WHO ARE EXCITED
ABOUT CAREERS IN COMPUTER SCIENCE PROGRAMMING, ENGINEERING, AND
GAMING, OUR GOAL IS TO GENERATE EXCITEMENT ABOUT THE POSSIBILITIES
THAT AWAIT THEM IN A CAREER IN TECHNOLOGY.

4c	(Code:) (Expenses \$	621,179. includin	g grants of \$	NONE) (Revenue	\$	NONE)						
	RESEARCH AN	D STUDENT SER	VICES - OUR EFE	FORTS ARE FOO	CUSED ON COLLEGE								
	SEARCH AND PREPARATORY SERVICES FOR OUR STUDENTS AS THEY												
	TRANSITION	TRANSITION TO POSTSECONDARY EDUCATION - COMPONENTS INCLUDE											
	PRESENTATIO	NS AND EVENTS	THAT CONNECT C	OUR STUDENT E	BODY WITH								
	ENTREPRENEU	RS, CEOS, DEV	ELOPERS, DESIGN	NERS, AND FEI	LLOW COLLEGE								
	STUDENTS MA	JORING IN COM	IPUTER SCIENCE.	OUR RESEARCH	H MEASURES								
	PROGRAM EFFICACY, IMPACT, AND STUDENT SENTIMENT WHICH ARE KEY												
	DRIVERS OF	IMPLEMENTING	OUR ORGANIZATIO	ON'S MISSION	•								
4d	Other program se	ervices (Describe or	,										
	(Expenses \$	includi	ng grants of \$) (Reve	enue \$)							
		rvice expenses	2,150,016	•									
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Form 990 (2023)

ALL STAR CODE, INC.

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		v
		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 Rev. Proc. 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 provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ũ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
40		9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1 7 a		
U U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
15		4.5		37
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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	ALL STAR CODE, INC. 90-0954	778		
Form 9	990 (2023)		F	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		37	
24.5	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		v
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
U	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
N N	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		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
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
26		350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	57		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part			~ ~ ~	<u> </u>
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?			
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ALL STAR CODE, INC.

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Form	990 (2023)		F	Page 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 2a 46								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
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 Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b		<u> </u>					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		37					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b							
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8							
•	sponsoring organization have excess business holdings at any time during the year?	0							
9	Sponsoring organizations maintaining donor advised funds.	9a							
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<u> </u>					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_							
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			ĺ					
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								

Form 9	ALL STAR CODE, INC. 90-0954	778	F	Page 6
Part				0
I al	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Soot				X
Sect	ion A. Governing Body and Management		Yes	No
			163	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	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
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0	the year by the following:			
~		8a	Х	
a h	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?		17	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue)	А
0000	on b. Toncies (This Section D requests information about policies not required by the internal Revenue	Coue	.) Yes	No
		10a		x
10a	Did the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	100 11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.01	37	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA, DE, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(sec	tion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	((-)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f intor	pet r	olicy
13	and financial statements available to the public during the tax year.			,oney,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	c		
20	DANNY ROJAS 276 FIFTH AVE, STE 704 #734 NEW YORK, NY 10001	J.		
	(917)710-1614	Form	990	(2023)
JSA 3E1042				(_320)

Form 990 (2023)			ALL	STAR CODE	I, INC.				90-09	54778	Page 1
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors										
	Check if Schedule	e O (contains a r	esponse or n	ote to any line	e in this	s Part VII				<u> </u>
Section A	. Officers, Direct	ors,	Trustees,	, Key Emplo	yees, and H	lighe	st Compensat	ed Emplo	yees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) (C) Average Position hours (do not check more than one per week officer and a director/trustee) (list any hours for related organizations below dotted line)		Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) DANNY ROJAS	40.00							
EXECUTIVE DIRECTOR	NONE		х			198,500.	NONE	3,890.
(2) NADINE FRIEDMAN	40.00							
SENIOR DIRECTOR OF PROGRAMS	NONE			X		121,648.	NONE	NONE
(3) ANTHONY J. STEWART	40.00							
DIR. OF MARKETING & COMMUN.	NONE			X		120,740.	NONE	NONE
(4) HUNTER MASSEY	40.00							
DIR. OF FINANCE & OPERATIONS	NONE			X		113,993.	NONE	NONE
(5) MARCUS MITCHELL	1.00							
DIRECTOR	NONE	Х				NONE	NONE	NONE
(6) ELISABETH MASON	1.00							
DIRECTOR	NONE	Х				NONE	NONE	NONE
(7) GAVIN LEO-RHYNIE	1.00							
VICE CHAIR	NONE	Х	Х			NONE	NONE	NONE
(8) ELLIOTT BREECE	1.00							
SECRETARY	NONE	Х	Х			NONE	NONE	NONE
(9) DJASSI JULIEN	1.00							
DIRECTOR	NONE	Х				NONE	NONE	NONE
(10) MICHAEL WINCHELL	1.00							
CHAIR	NONE	Х	Х			NONE	NONE	NONE
(11) ED CORDERO	1.00							
TREASURER	NONE	Х	Х			NONE	NONE	NONE
(12) RAUTZ MARC	1.00							
DIRECTOR	NONE	Х				NONE	NONE	NONE
(13) BENNY GONZALEZ	1.00							
DIRECTOR	NONE	Х				NONE	NONE	NONE
(14) DAVID VELASQUEZ	1.00							
DIRECTOR	NONE	Х				NONE	NONE	NONE

Form **990** (2023)

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ALL STAR CODE, INC.

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Page	8
raue	υ

Part VII Section A. Officers, Directors, (A) Name and title	(B)	/ <u>/</u>				anai				ontinaca
	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		-				ed				
		-								
		-								
		_								
		_								
Ib Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	-	· · ·	•••	· ·	•••			554,881. NONE 554,881.	NONE NONE NONE	NON
2 Total number of individuals (including but n reportable compensation from the organiza	ot limited to t						o re		\$100,000 of	
 3 Did the organization list any former or employee on line 1a? If "Yes," complete Sch 4 For any individual listed on line 1a, is the organization and related organizations individual. 	fficer, directo edule J for su e sum of rep greater than	ch ind portab \$15	lividi ole c 50,0	ual com 00?	pen ? If	satior "Yes	n ar s," (nd other compens complete Schedu	sation from the Ie J for such	Yes No 3 2 2 4 X 2
5 Did any person listed on line 1a receive for services rendered to the organization? If Section B. Independent Contractors										5 X
 Complete this table for your five highest c compensation from the organization. Repo year. 										
(A) Name and business	address							(B) Description of se	ervices C	(C) compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **>** NONE JSA 3E1055 1.000

Form 990 (2023)

Par	rt VIII						
		Check if Schedule O contains a respon	se or note to an	-			· · · · · · ·
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c	Federated campaigns1aMembership dues1bFundraising events1c					
is, Gifts imilar /	d e	Related organizations 1d Government grants (contributions) 1e	513,159.				
ribution Other S	f	All other contributions, gifts, grants, and similar amounts not included above • 1f Noncash contributions included in	1,961,235.				
Conti and (h	lines 1a-1f		2,474,394.			
ervice ue	2a b		Business Code				
Program Service Revenue	c d						
- L L L	f g	All other program service revenue		NONE			
	3	Investment income (including dividends, other similar amounts).		68,015. NONE			68,015.
	5	Royalties		NONE			
	6a b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c NONE	NONE				
	d 7a	Net rental income or (loss) (i) Securities Gross amount from (i) Securities sales of assets (i) Securities	(ii) Other	NONE			
enue	b	other than inventory 7a Less: cost or other basis and sales expenses . 7b					
Other Reve	c d	Gain or (loss) 7c Net gain or (loss)		NONE			
Oth	8a	Gross income from fundraising events (not including \$	13,820.				
	b c	Less: direct expenses	17,220.	-3,400.			-3,400
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	b c	Less: direct expenses	NONE	NONE			
	10a b	Gross sales of inventory, less returns and allowances Less: cost of goods sold	NONE				
sno	с	Net income or (loss) from sales of inventory.	Business Code	NONE	1 220		
Miscellaneous Revenue	11a b	OTHER REVENUE	531110	1,239.	1,239.		
Misc	c d e	All other revenue		1,239.			
JSA	12	Total revenue. See instructions		2,540,248.	1,239.		64,615. Form 990 (2023)

3E1051 2.000 5329RP M998 08/29/2024 12:55:13 V23-6.4F 9081334 Page **9**

Part	ALL STAR (Statement of Functional Expenses	,			54778 Page 1
	on 501(c)(3) and 501(c)(4) organizations mus		. All other organization	ns must complete colur	nn (A).
	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 (Grants and other assistance to domestic organizations				
a	and domestic governments. See Part IV, line 21	NONE			
2 (Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22	NONE			
3 (Grants and other assistance to foreign				
c	organizations, foreign governments, and				
	oreign individuals. See Part IV, lines 15 and 16	NONE			
4 E	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,				
t	rustees, and key employees	194,610.	158,915.	8,693.	27,00
6 (Compensation not included above to disqualified				
F	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7 (Other salaries and wages	1,521,409.	1,242,359.	67,958.	211,09
8 F	Pension plan accruals and contributions (include	55,566.	43,964.	2,814.	8,78
S	section 401(k) and 403(b) employer contributions)				
9 (Other employee benefits	94,565.	74,819.	4,790.	14,95
10 F	Payroll taxes	136,419.	107,933.	6,910.	21,57
11 F	ees for services (nonemployees):				
a M	Management	NONE			
bι	_egal	NONE			
c /	Accounting	44,015.	27,833.	11,019.	5,16
dL	_obbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	nvestment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	A), amount, list line 11g expenses on Schedule O.)	81,647.	80,154.	401.	1,09
	Advertising and promotion	NONE			
	Office expenses	277,181.	147,740.	101,862.	27,57
	nformation technology	145,241.	144,976.	71.	19
	Royalties	NONE			
	Dccupancy	NONE			
	Fravel	35,277.	8,677.	23,583.	3,01
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	NONE			
	nterest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	128,889.	102,810.	7,009.	19,07
	· · · · · · · · · · · · · · · · · · ·	12,332.	9,836.	671.	1,82
		12,352.	,050.	071.	1,02
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	ine 24e amount exceeds 10% of line 25, column				
	A), amount, list line 24e expenses on Schedule O.)				
d _					
	All other expenses	0	0.150.555		<u> </u>
	Total functional expenses. Add lines 1 through 24e	2,727,151.	2,150,016.	235,781.	341,354
	loint costs. Complete this line only if the organization reported in column (B) joint costs				
f	rom a combined educational campaign and				
	undraising solicitation. Check here if				

JSA 3E1052 2.000

following SOP 98-2 (ASC 958-720)

ALL STAR CODE, INC.

orm 990 (20	ALL STAR CODE, INC. 023)		90-	0954778 Page 11
Part X	Balance Sheet	this Dort V		
	Check if Schedule O contains a response or note to any line in	(A) Beginning of year	<u> </u>	(B) End of year
	Cook non interact bearing		1	313,960
	Cash - non-interest-bearing			
	Savings and temporary cash investments.			1,349,535
	Pledges and grants receivable, net			1,071,948
	Accounts receivable, net		E 4	NON
	Loans and other receivables from any current or former officer, direct			
	trustee, key employee, creator or founder, substantial contributor, or 3			101
	controlled entity or family member of any of these persons		<u>E</u> 3	NON
	Loans and other receivables from other disqualified persons (as defined a section $4050(4)(4)$), and respect to a situation $4050(4)(4)$			NON
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(I			NON
	Notes and loans receivable, net		-	NON
	Inventories for sale or use		-	NON
9	Prepaid expenses and deferred charges . SEE SCHEDULE .O	30,276	. 9	47,964
	Land, buildings, and equipment: cost or other	01.0		
	basis. Complete Part VI of Schedule D 10a 439,			CA 445
	Less: accumulated depreciation			64,445
	Investments - publicly traded securities.		E 11	NON
	Investments - other securities. See Part IV, line 11		E 12	NON
	Investments - program-related. See Part IV, line 11			NON
	Intangible assets		<u>E 14</u>	NON
	Other assets. See Part IV, line 11			NON
	Total assets. Add lines 1 through 15 (must equal line 33)			2,847,852
	Accounts payable and accrued expenses			85,887
	Grants payable		E 18	NON
	Deferred revenue		E 19	NON
	Tax-exempt bond liabilities		E 20	NON
	Escrow or custodial account liability. Complete Part IV of Schedule D .		E 21	NOI
g 22 I	Loans and other payables to any current or former officer, direc			
	trustee, key employee, creator or founder, substantial contributor, or 3			
	controlled entity or family member of any of these persons		E 22	NON
<mark>בן</mark> 23	Secured mortgages and notes payable to unrelated third parties	NON	E 23	NON
24	Unsecured notes and loans payable to unrelated third parties	316,157	. 24	NON
	Other liabilities (including federal income tax, payables to related t			
1	parties, and other liabilities not included on lines 17-24). Complete Pa	irt X		
	of Schedule D		E 25	NON
26	Total liabilities. Add lines 17 through 25	399,768	. 26	85,887
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
8 27 I	Net assets without donor restrictions	1,573,015	. 27	1,225,909
28	Net assets with donor restrictions	1,375,853	. 28	1,536,056
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2 1 1 31	Retained earnings, endowment, accumulated income, or other funds		31	
5 32 ·	Total net assets or fund balances		-	2,761,965
ž 33 ·	Total liabilities and net assets/fund balances			2,847,852
		3,310,030		Form 990 (202

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usign Ei	nvelope ID: 7079C3B7-B2B4-4C1E-A139-34B2BD775615					
	ALL STAR CODE, INC. 90-	-0954	778			
-	90 (2023)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		2,5	40,	<u>248</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	. 2				<u>151</u> .
3	Revenue less expenses. Subtract line 2 from line 1	. 3		-1	86,	<u>903</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		2,9	48,	<u>868</u> .
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, lin					
_	32, column (B))	. 10)	2,7	61,	<u>965</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
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 "Othe Schedule O.	r," expla	in on		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accounta	nt?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
h	Were the organization's financial statements audited by an independent accountant?			2b	х	
5	If "Yes," check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	audited				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	or oversi	ght of			
	the audit, review, or compilation of its financial statements and selection of an independent accurate	ountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax ye Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as s	et forth i	n the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did no					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo su	uch audite	S	3b		

Form **990** (2023)

SCHEDULE A	1
(Form 990)	

Public Charity Status and Public Support

(Form 990) Department of the Treasury Leternel Bevenue Service Go to www.irs. gov/Form990 for instructions and the latest information

OMB No. 1545-0047

men		evenue Service		ee te ninmeige					Inspection		
Nam	e of ti	he organization							fication number		
		TAR CODE, I)954778		
	rt I			•	organizations must			,	ns.		
	orga		•		t is: (For lines 1 throug		•	,			
1 2	\square				tion of churches desc . (Attach Schedule E			70(D)(1)(A)(I).			
2	\vdash				rganization described	-		(1)(A)(iii)			
4	\square				conjunction with a host				Viii) Enter the		
-		hospital's nam	-	-		spital de	Scribed ii				
5		•			a college or universit	v owned	d or ope	rated by a governm	ental unit described in		
		0	•	complete Part II.)	0	,		, ,			
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7	X	An organizatio	on that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fi	rom the general public		
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)						
8		A community t	trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	Part II.)					
9		-			ed in section 170(b)(1		-	-			
			r a non-land-	grant college of a	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	of the college or		
		university:									
10 11		An organization that normally receives (1) more than 331/3% 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 331/3% 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) .									
12	\square	•	•		•				rry out the purposes of		
12		-	•		•				ection 509(a)(3). Check		
			• • • •	•	bes the type of suppor						
а	Γ		-		, supervised, or contr			-	-		
				•	regularly appoint or e	•		• • • • •			
			•		te Part IV, Sections A						
b		Type II. A su	upporting org	anization supervis	ed or controlled in co	nnection	with its	supported organizat	tion(s), by having		
		control or m	anagement o	of the supporting c	organization vested in	the sam	e persor	is that control or ma	nage the supported		
	_		. ,		, Sections A and C.						
С					ng organization opera				ally integrated with,		
			•		ns). You must comple						
d			-		porting organization c	-					
			•	• •	nization generally mus	•		•	nd an attentiveness		
~	Γ		•	,	omplete Part IV, Sect a written determinatio						
e					ionally integrated sup				п, туре п		
f	En				·····		ngamza				
g					orted organization(s).						
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)		
					(Yes	No	······,			
(A)											
(B)											
(C)											
(D)											
(D)											
(E)											
(-)											
Tota	al										

ALL STAR CODE, INC.

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,178,889.	3,204,600.	3,292,594.	2,817,850.	2,474,394.	13,968,327.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	2,178,889.	3,204,600.	3,292,594.	2,817,850.	2,474,394.	13,968,327.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						3,951,281.
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						10,017,046.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2,178,889.	3,204,600.	3,292,594.	2,817,850.	2,474,394.	13,968,327.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	NONE	323.	39.	8,434.	68,015.	76,811.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	NONE	6,680.	21,800.	8,887.	1,239.	38,606.
11	Total support. Add lines 7 through 10						14,083,744.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2023 (lin					14	71.12 %
15	Public support percentage from 2022						71.74 %
16a	331/3% support test - 2023. If the org						
	box and stop here. The organization qu		• • •	•			
b	331/3% support test - 2022. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			•	•		
h	organization						
D	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz in Part VI how the organization meets						-
	_			-	-		
18	organization. Private foundation. If the organizatio						
	instructions						
							<u> </u>

Schedule A (Form 990) 2023

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Sched Par	t III Support Schedule for Organ (Complete only if you checked If the organization fails to qua	ed the box or	n line 10 of Par	t I or if the org			der Part II.
Sec	tion A. Public Support	,		<i></i>	•	,	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
~	organization without charge						
ю _	Total. Add lines 1 through 5					-	
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3					-	
-	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year_						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support				1		1
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Tota
9 10 a	Amounts from line 6 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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					<u> </u>	
14	First 5 years. If the Form 990 is for	-			•		
800	organization, check this box and stop here.			<u></u>		<u></u>	
<u>3ec</u> 15	tion C. Computation of Public Supp Public support percentage for 2023 (line 8,			mn (f))		15	
16	Public support percentage for 2023 (intelo, Public support percentage from 2022 Sched					16	
-		· , •····, •					

Section D. Computation of Investment Income Percentage	ŗ
--	---

20

17	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 331/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ... b 331/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . .

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

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Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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 line 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

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2023

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Schedule A (Forr	n 990) 2023	3		

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI	110		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ation(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).			
а	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions	s).		
		Yes	N		
2	Activities Test. Answer lines 2a and 2b below.				

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

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- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

1. 3b 3b 3b

2a

2b

3a

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Schedule A (Form 990) 2023

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyir			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	t ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
 b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
-				-	

Schedule A (Form 990) 2023

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Schedule A (Form 990 or 990-EZ) 2023

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TOTAL

____ _____

1,239.

38,606.

38,606.

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

21,800.

8,887.

SCHEDULE A, PART II - OTHER INCO	ЧЕ				
DESCRIPTION	2019	2020	2021	2022	2023
OTHER REVENUE	NONE	6,680.	21,800.	8,887.	1,239.
-					

NONE

6,680.

TOTALS

Schedule B	Schedule of Contributors		OMB No. 1545-0047				
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to <i>www.irs.gov/Form990</i> for the latest information.						
Name of the organization		Employe	r identification number				
ALL STAR CODE, IN		90-0	954778				
Filers of:	Section:						
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation					
	527 political organization						

4947(a)(1) nonexempt charitable trust treated as a p	rivate foundation

501(c)(3) taxable private foundation

501(c)(3) exempt 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

Form 990-PF

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

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), 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), 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).

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	B (Form 990) (2023) Organization ALL STAR CODE, INC.		Proceeding of the process of the pro
art I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$106,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
5	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A		Person X

Noncash (Complete Part II for noncash contributions.)

Payroll

50,000.

\$

Schedule B (Form 990) (2023)

JSA 3E1253 1.000

	; (Form 990) (2023) organization ALL STAR CODE, INC.		Employer identification number 90-0954778
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$316,157.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$86,900.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u>N/A</u>	\$197,002.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

JSA 3E1253 1.000

Schedule B (Form 990) (2023) Name of organization Employer identification number 90-0954778 ALL STAR CODE, INC. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) COMPUTERS 8 \$ 86,900. 02/28/2023 (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$_

Page 3

ame of or	a contraction		Encolation takes and the second
	ganization		Employer identification number
Part III	(10) that total more than \$1,000 fo	r the year from any one cont ations completing Part III, enter the year. (Enter this information	<u>90-0954778</u> ons described in section 501(c)(7), (8), or ributor. Complete columns (a) through (e) the total of <i>exclusively</i> religious, charitable, n once. See instructions.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel
	Transferee's name, address	(e) Transfer of gift a, and ZIP + 4	Relationship of transferor to transferee
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he
from	(b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is he
from		(e) Transfer of gift	
from Part I		(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I (a) No. from Part I	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	(d) Description of how gift is hele
(a) No. from	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2023)

JSA 3E1255 1.000

	IEDULE D rm 990)	Supplem	Supplemental Financial Statements				
	11 550)		e organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	. 2023			
Dono	rtment of the Treasury		Attach to Form 990.	Open to Public			
Interr	al Revenue Service	Go to www.irs.gov/F	Form990 for instructions and the latest informat	ion. Inspection			
	e of the organization			Employer identification number			
	STAR CODE, I		and Funda on Other Circiler Funda on (90-0954778			
Pa	-	-	sed Funds or Other Similar Funds or A "Yes" on Form 990, Part IV, line 6.	Accounts			
	Complete		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at e	nd of year		(-)			
2		of contributions to (during year)					
3		of grants from (during year)					
4	Aggregate value a	t end of year					
5	-		advisors in writing that the assets held in				
			organization's exclusive legal control?				
6			nd donor advisors in writing that grant fun				
			it of the donor or donor advisor, or for an				
Pa		tion Easements					
			"Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).				
		n of land for public use (for example		f a historically important land area			
		of natural habitat	Preservation of	f a certified historic structure			
2		n of open space	eld a qualified conservation contribution in <u>t</u>	he form of a conservation			
2		ast day of the tax year.		Held at the End of the Tax Year			
а				2a			
b				2b			
с				2c			
d	Number of conser	vation easements included on lin	e 2c acquired after July 25, 2006, and				
				2d			
3			nsferred, released, extinguished, or termin	ated by the organization during the			
4	tax year		ruction accoment is located				
4 5			rvation easement is located jarding the periodic monitoring, inspectio				
5	-		sements it holds?				
6			ecting, handling of violations, and enforcing c				
7	Amount of expens	es incurred in monitoring, inspect	ing, handling of violations, and enforcing cor	nservation easements during the year			
8	Does each conser	 vation easement reported on line	e 2d above satisfy the requirements of section	on 170(h)(4)(B)(i)			
9			conservation easements in its revenue and				
			tnote to the organization's financial stateme	ents that describes the			
Pa		ounting for conservation easeme	nts. of Art, Historical Treasures, or Other	Similar Accoto			
Γa			"Yes" on Form 990, Part IV, line 8.	Sillina Assels			
1a	If the organization of art, historical t	n elected, as permitted under FA treasures, or other similar asset	SB ASC 958, not to report in its revenue s held for public exhibition, education, o to its financial statements that describes the	statement and balance sheet works or research in furtherance of public			
b	If the organization	n elected, as permitted under FA	ASB ASC 958, to report in its revenue sta d for public exhibition, education, or resea	tement and balance sheet works of			
	provide the follow	ing amounts relating to these iter	ns:	•			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		· · · · · · · \$			
~			t historiaal traceuras or other similar os				
2	•		t, historical treasures, or other similar as ASB ASC 958 relating to these items:	ssets for financial gain, provide the			
а			ASB ASC 958 relating to these items:	\$			
b							
		Act Notice, see the Instructions for		Schedule D (Form 990) 2023			
JSA 3E126	8 1.000						

Schee	dule D (Form 990) 2023 ALL	STAR CODE	E, INC.				90-0	954778	Page 2
Ра	rt III Organizations Maintaini			orical Treas	ures, or	Other Similar	Assets (C	ontinued	d)
3	Using the organization's acquisition	-							
	collection items (check all that app	oly).							
а	Public exhibition		d	Loan or e	exchange	program			
b	Scholarly research		e	Other	_				
с	Preservation for future gene	erations							
4	Provide a description of the organ		ctions and expl	ain how the	y further	the organizatio	n's exempt	purpose	in Part
	XIII.		·			0			
5	During the year, did the organization	on solicit or rec	eive donations	of art, historio	cal treasu	res, or other sim	ilar		
	assets to be sold to raise funds rath							Yes	No
Ра	rt IV Escrow and Custodial A			0					
	Complete if the organiza			rm 990, Par	t IV, line	9, or reported	an amoun	t on For	m
	990, Part X, line 21.					· ·			
1a	Is the organization an agent, trus	tee, custodian	or other interr	nediary for a	contributio	ons or other as	sets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	in Part XIII and	complete the fo	ollowing table.			••••		
				3			Amount		
с	Beginning balance				1c				
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am					stodial account l	iabilitv?	Yes	No
	If "Yes," explain the arrangement i								
	rt V Endowment Funds				I				
	Complete if the organiza	ation answere	d "Yes" on Fo	rm 990, Par	t IV, line	10.			
		(a) Current ye			(c) Two year		years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains,								
C	and losses								
Ь	Grants or scholarships								
	Other expenditures for facilities								
C	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage		vear end haland		lumn (a))	held as:			
a	Board designated or quasi-endown	nent	%		(a))				
b	Permanent endowment	%							
с	Term endowment %)							
	The percentages on lines 2a, 2b, a	and 2c should e	equal 100%.						
3a	Are there endowment funds not in			ation that are	e held and	administered fo	or the		
	organization by:	•	5					Y	es No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended	•	•						
Ра	rt VI Land, Buildings, and Equ	uipment							
	Complete if the organiz			1					
	Description of property	(a)	Cost or other basis (investment)	(b) Cost or ot (other		(c) Accumulated depreciation	(d)	Book valu	e
1a	Land								
b	Buildings				NONE	NON	E		
с	Leasehold improvements								
d	Equipment.			439	9,819.	375,374		64	,445.
	Other								
Tota	I. Add lines 1a through 1e. (Column	n (d) must equa	al Form 990, Par	t X, line 10c, o	column (B	;)) <u></u>		64	,445.

Schedule D (Form 990) 2023

JSA 3E1269 1.000

Schedule D (Form 990) 2023 ALL STAR CODE	, INC.	90-0954778 Page 3
Part VII Investments - Other Securities	ad "Ves" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C) (D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(4)		
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
	ed "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
(a) D	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5) (6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15	, col. (B))	<u></u>
Part X Other Liabilities Complete if the organization answere line 25.	ed "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
	iption of liability	(b) Book value
(1) Federal income taxes	, ······,	
(2)		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (E	3))	
 Liability for uncertain tax positions. In Part XIII, provide th 		
organization's liability for uncertain tax positions under FASE		

JSA 3E1270 1.000 5329RP M998 08/29/2024 12:55:13 V23-6.4F 9081334

-	le D (Form 990) 2023 ALL STAR CODE, INC.		0954778 Page 4
Part		n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		0.504.500
1	Total revenue, gains, and other support per audited financial statements	1	2,584,502.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	44,254.
3	Subtract line 2e from line 1	3	2,540,248.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,540,248.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn	
1	Total expenses and losses per audited financial statements	1	2,771,405.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	44,254.
3	Subtract line 2e from line 1	3	2,727,151.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	-	2,727,151.
	XIII Supplemental Information		_,,

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION, EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW IN NEW YORK STATE, AND HAS BEEN DESIGNATED AS AN ORGANIZATION WHICH IS NOT A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL, STATE OR LOCAL INCOME TAXES HAS BEEN RECORDED. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN ANY UNCERTAIN TAX POSITIONS.

INC

ALL STAR CODE,

THE ORGANIZATION BELIEVES THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THERE ARE NO INCOME TAX RELATED PENALTIES AND INTEREST INCLUDED IN THESE FINANCIAL STATEMENTS.

SCHI	EDULE J	Compen	sation Information	0	MB No. 1	545-0	047		
(Form 990) For certain Officers, Dire			ctors, Trustees, Key Employees, and Highest		20 7 2				
			npensated Employees n answered "Yes" on Form 990, Part IV, line 23	3.	ZUZJ				
	nent of the Treasury	A	ttach to Form 990.	C	pen to				
	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest information.	Employer identification	Inspe		n		
		TNO							
Part	STAR CODE	ns Regarding Compensation		90-095477	8				
I al t	Quoono	ine Regularing Compensation				Yes	No		
1a	Check the app	propriate box(es) if the organization pro	vided any of the following to or for a pers	on listed on Form					
	990, Part VII,	Section A, line 1a. Complete Part III to p	provide any relevant information regarding	j these items.					
	First-cla	ss or charter travel	Housing allowance or residence for	personal use					
	Travel fo	or companions	Payments for business use of perso	nal residence					
	Tax inde	mnification and gross-up payments	Health or social club dues or initiation	on fees					
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)					
b	If any of the or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	e organization follow a written policy re penses described above? If "No," com	garding payment					
	explain				1b		<u> </u>		
2	-		to reimbursing or allowing expenses	-					
		-	D/Executive Director, regarding the items	checked on line					
-					2				
3			on used to establish the compensation of at apply. Do not check any boxes for metho						
			e CEO/Executive Director, but explain in P						
		sation committee	Written employment contract						
		dent compensation consultant	X Compensation survey or study						
	·	0 of other organizations	X Approval by the board or compensa	ation committee					
4	During the year	ar, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to	o the filing					
	organization of	or a related organization:		-					
а			ayment?		4a		X		
b			tal nonqualified retirement plan?		4b		X		
С			ed compensation arrangement?		4c		X		
	ii res to an	y of lines 4a-c, list the persons and pr	ovide the applicable amounts for each it	em in Part III.					
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations must complete lines 5-9.						
5			on A, line 1a, did the organization pa	w or accrue any					
-	-	contingent on the revenues of:		,,					
а	-	-			5a		х		
b	Any related of	rganization?			5b		Х		
		e 5a or 5b, describe in Part III.							
6			on A, line 1a, did the organization pa	y or accrue any					
		contingent on the net earnings of:							
a					6a		X		
b	•	•			6b		X		
-		e 6a or 6b, describe in Part III.							
7			n A, line 1a, did the organization prov escribe in Part III		7		x		
8			paid or accrued pursuant to a contract the				- 22		
Ŭ	-		Regulations section 53.4958-4(a)(3)?						
		•			8		x		
9			ow the rebuttable presumption proced		-				
					9				
For Pa		tion Act Notice, see the Instructions for Fo			ule J (Fo	rm 990	0) 2023		

Schedule J (Form 990) 2023	ALL STAR CODE, INC.	90-0954778	Page 2					
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
•	For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.							

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC 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
DANNY ROJAS	(i)	198,500.	NONE	NONE	3,890.	NONE	202,390.	NON
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NON
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
40	(i) (ii)							
10	(i)							
4.4	(i) (ii)							
11	(i)							
12	(ii)							
12	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection Employer identification number

90-0954778

Department of the Treasury Internal Revenue Service Name of the organization

ALL	S	TAR	CO	DE	1,	INC	
		-				-	

Par	t Types of Property			1	T	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution	
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household					
-	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded		1	25,017.	FMV	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC,					
••	or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation					
	contribution - Historic					
	structures					
14	Qualified conservation					
14	contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts		3	142,109.	FMV	
25			3	10,526.	FMV	
26 27	Other (<u>SUPPLIES</u>)	A	3	10,520.		
27	Other () Other ()					
		by the ore	onization during the tax w	or for contributions for		
29	Number of Forms 8283 received				29	
	which the organization completed F	-0111 8283,	Part V, Donee Acknowledge	ement		Yes No
200	During the year, did the organizat	ion rocoivo	by contribution any propo	rty reported in Part I line		
30a	28, that it must hold for at least 3					
	used for exempt purposes for the en	•				x
h	If "Yes," describe the arrangement i					
	Does the organization have a		tance policy that require	the review of any	nonotondord	
31	·	•		•		v
22-	contributions? Does the organization hire or use					X
JZa			•			v
L	contributions?					X
	If "Yes," describe in Part II.	omount in -	olumn (a) for a time of the	north for which column (-)		
33	If the organization didn't report an	amount in C	column (c) for a type of pro	perty for which column (a	is checked,	
For P	describe in Part II. aperwork Reduction Act Notice, see the Insti	ructions for Ea	rm 990		Sobodula M /Fam	m 000) 2022
	appringing neuronon Act notice, ace the man	astions for FU			Schedule M (Forr	330) 2023

 Schedule M (Form 990) (2023)
 ALL STAR CODE , INC.
 90-0954778
 Part II

 Part II
 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
 90-0954778
 Part II

FORM 990, SCHEDULE M, PART I, LINES 25

THE AMOUNTS ENTERED IN COLUMN (B) REPRESENT THE NUMBER OF DONORS.

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ALL STAR CODE, INC.

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B

THE TAX RETURN IS REVIEWED BY THE FINANCE AND 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 IS CARRIED OUT BY THE EXECUTIVE COMMITTEE AND INCLUDES ANALYZING DATA COMPILED BY THE CONSULTING CFO BY RESEARCHING GUIDESTAR, FORM 990 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 RQUEST.

	Employer identification number				
ALL STAR CODE, INC.	90-0954778				
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS					

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
PREPAID EXPENSES	24,162.	41,720.
PREPAID INSURANCE	6,114.	6,244.
TOTALS		
	30,276.	47,964.
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JSA