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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service 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.

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

Open to Public

	For the	2016 calendar year, or tax year beginni	ing January 1 ,	2016, and end	ing De	cember 31	, 20 16					
B (ademy Education Foundation	·		D Employ	er identification nu	umbe				
_	Address					_	27-4508062					
	Name ci		f mail is not delivered to street addre	ess) Room/s	suite	E Telepho	ne number					
	Initial re			·			505-891-0757					
_			ountry, and ZIP or foreign postal co	de								
	Amende		,,			G Gross r	acainte \$					
		on pending F Name and address of principal or	flicer		Life to Mi		subordinates? Ves					
,	, debilear	Constance Dove Castilleja					s included? Tes					
	Tayloya	npt status:	(c) () ◀ (insert no.) ☐ 4947(a)(1) or 527			a list. (see instructio					
	Website		C)() < (insert no.) (4947)	a)(1) or L1 527		oup exemption	•	,				
			ociation	L Year of form			of legal domicile:	N				
	art I	Summary	Octation Other >	L Tear Of IOTH	auon.	I M State	or legal comicile:	14				
نعد	1			Attitude of the state of	A Old A and a		Farradati a a a					
	'	Briefly describe the organization's m										
질		founded for the sole support and benefit of			te of New M	exico. The F	oundation's most	<u> </u>				
Ē	_	significant activities are fundraising for the										
Š	2	Check this box ► if the organization			i of more th		its net assets.					
ŏ	3	Number of voting members of the go	• • •	•		. 3						
85	4	Number of independent voting mem)	. 4						
₽	5	Total number of individuals employed		t V, line 2a)		. 5						
Activities & Governance	6	Total number of volunteers (estimate				. 6						
∢	7a	Total unrelated business revenue fro				. 7a						
	b	Net unrelated business taxable incor	ne from Form 990-T, line 34			. 7b						
					Prio	r Year	Current Ye	ar				
ø	8	Contributions and grants (Part VIII, Iii										
로	9	Program service revenue (Part VIII, Iii	ne 2g)									
Revenue	10		nt income (Part VIII, column (A), lines 323 and 7d)									
Œ	11	Other		14817 . 오		····		490				
- 1	12	Total revenue—add lines 8 through 1	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 122									
$\overline{}$	13	Grants and similar amounts paid (Pa	rt IX. column (AV lines 143)	1 117	i		<u></u>	535				
	14	Benefits paid to or for members (Par	t IX columnia in a		1							
_	15	Salaries, other compensation, employe	e henefits (Part IX, column (A	\\ lines 5_10\	1		 					
Expenses	16a	Professional fundraising fees (Part IX										
園	b				ANTAL Y.		STALES A	Kaish-N				
ᇑᅵ	17		Joint (D), Inte 25)		idraising expenses (Part IX, column (D), line 25) ▶							
;		Other expenses (Part IX column (A)	penses (Part IX, column (A), lines 11a-11d, 11f-24e)									
- 1						2	D 22					
- 1	18	Total expenses. Add lines 13-17 (mu	ıst equal Part IX, column (A),									
			ıst equal Part IX, column (A),	ine 25) .								
	18 19	Total expenses. Add lines 13–17 (mu Revenue less expenses. Subtract line	ıst equal Part IX, column (A),	, line 25) .	Beginning o	1 Current Year		ar				
sets or slances	18 19 20	Total expenses. Add lines 13–17 (mu Revenue less expenses. Subtract line Total assets (Part X, line 16)	ıst equal Part IX, column (A),	, line 25) .	Beginning o			ar				
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	90 (2016)		Page Z
Part			
			art III
1	Briefly describe the organization's		ATL AGICA I I Observe Coheren I I I
		on was founded for the sole support and benefit of	
	State of New Mexico The Foundation	s most significant activities are fundraising for the	school and purchasing the school's facility
2	Did the organization undertake any	significant program services during the ye	ar which were not listed on the
_			
	If "Yes," describe these new service		
3		es on scriedule O. ucting, or make significant changes in h	ow it conducts any program
•	services?		· · · · · · · · · · □ Yes ☑ No
	If "Yes," describe these changes o		Tes Ente
4			three largest program services, as measured by
7			the amount of grants and allocations to others,
		any, for each program service reported.	the amount of grante and another to emere,
	, , , ,		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$
	(σσσσ) (Επροποσσ φ	g g.a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		•	
			•
			•••••••••••••••••••••••••••••••••••••••
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

4d	Other program services (Describe		
		ding grants of \$) (Revenue	\$)
4e	Total program service expenses	•	

art	Checklist of Required Schedules		•	
	In the approximation density of the action 504(a)(b) on 40.47(a)(1) (athor) there are private foundation)? If "Voo."		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	~	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		v v
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		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
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		~
7 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		V
•	complete Schedule D, Part III	8		•
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		>
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	446		_
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11b		,
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		<i>'</i>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		v
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		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a 14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
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		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
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		v
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		,
		For	m 990	(2016

Part	Checklist of Required Schedules (continued)			
20 0	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	Yes	No_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		~
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		,
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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	~	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	~	V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		٧
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		٧
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		٧
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		, , ,	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		V
31	conservation contributions? If "Yes," complete Schedule M	30		
32	Part I	31		<i>y</i>
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		,
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		·
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	_	
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	~
<i>51</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		

Part				
	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 1a 0	,. 4	3,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		\$.	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2	* }
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	.i k.i.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		3.1
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		مُثَدُ	_ ŝi
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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		/ _
b	If "Yes," enter the name of the foreign country: ▶		ž1	
	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		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
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 a	Organizations that may receive deductible contributions under section 170(c). 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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year		Cí.	LIE.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	3 397 12	V
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			الأنسين
_	sponsoring organization have excess business holdings at any time during the year?	8	v 14	**.* -
9	Sponsoring organizations maintaining donor advised funds.	9a	2.1.2	· · · · · · · · · · · · · · · · · · ·
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	38	ele ta-	
а	Initiation fees and capital contributions included on Part VIII, line 12	2.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4	husel Wale	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	*	i killa	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	ŊŸ.	13
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	\$£
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	C42 6:	Admir no
	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	77.4	11	
	the organization is licensed to issue qualified health plans			7
С	Enter the amount of reserves on hand	37	1111	HE WAS
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-
<u>b</u> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	. 00/	(2016)
		rorn	ロックラし	• (∠U I b)

	90 (2016)			age 6
Part		and f	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
~	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	, .v	1,5	
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			4
	committee, explain in Schedule O.	, . ,		***
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
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_		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	-	v_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		-
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		.,
•	one or more members of the governing body?	7a		<u> </u>
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		<u>ر</u> ا
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	76		
O	the year by the following:	, ,	. : 0	
а	The governing body?	8a	<i>\(\begin{array}{cccccccccccccccccccccccccccccccccccc</i>	was are we
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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? If "Yes," provide the names and addresses in Schedule O	9		<u></u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u></u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	~	
11a		IIa	,	1
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	•	النساسا ا
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	V	\vdash
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	<u> </u>		T
ŭ	describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by	3-1	j	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Á	المنافقية أنسار
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	~
b	Other officers or key employees of the organization	15b		V
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
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		i à li	1.3.21
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ► NM			
17	List the states with which a copy of this Form 990 is required to be filed ► NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)	s only)
18	available for public inspection. Indicate how you made these available. Check all that apply.	557	(<i>-</i>)(<i>-</i>)	y)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, and
. •	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	s: ▶	
_	Constance Dove Castilleja, 4550 Sundt Rd NE, Rio Rancho, NM 87124, 505-891-0757			
		For	m 99	0 (2016)

	•	_					
Part VII	Compensation of Officers, Directors,	Trustees	, Key Employees,	Highest	Compensated	Employees,	, and
· -	Independent Contractors						

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

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

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

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

☐ Check this box if neither the organization no	r any related	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do no box, u office	ot ch	Posi eck i s pei d a di	tion more rson rect	than ous both	ne an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Constance Dove Castilleja President/Director								o	0	o
(2) David Barbour Treasurer/Director			i					0	0	0
(3) Pepper Poole Secretary/Director	_							0		0
(4) Gisela Begley Director									0	0
(5) Ivan Begley Director								o	0	0
(6) Linda Murillo Director									0	0
(7) Ben Lockard Scholar Director									0	_ 0
(8)										
(9)										
(10)										
(11)										
(12)	 	-								
(13)										
(14)										

	00 (2016)	 =											Page
Part	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more that box, unless person is bo officer and a director/truent					one i an tee)	(D) Reportable compensation	(E) Reportable compensation related	e	(F Estimamou oth	ated int of
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		compei from organi and re organiz	nsation the zation elated
(15)													···
(16)			-	-									
(17)				\vdash		-			 				
(18)						<u> </u>							
(19)					<u> </u>	ļ .		-			_		···
(20)				<u> </u>						 			
/21\		ļ. <u>-</u>	<u></u>	-	<u> </u>	<u> </u>						-	<u>-</u> .
			·	<u> </u>		<u> </u>		-					_
								_					
(23)			·	_						<u> </u>			
(24)													
(25)			-	!									
С	Sub-total	t VII, Sectio	on A					* * *					
2	Total number of individuals (including be reportable compensation from the organ	ut not limite	d to t	hos	e lis	ted	abov	e) v	vho received m	ore than \$1	00,000) of	·
3	Did the organization list any former of employee on line 1a? If "Yes," complete	officer, direc								hest compe	nsated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	eporta	ble	cor	npe	nsati	on a es,"	and other com	pensation fronted pensation fronted pensation from the pensation from	om the r such	7 3	
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue c	ompe comp	ensa olete	atior Sc	n fro	m an Iule J	y u for	nrelated organi such person	zation or inc			
Section	on B. Independent Contractors										· ·		
1	Complete this table for your five highes compensation from the organization. Reyear.	compensa eport compe	ted in ensati	ion '	for t	dent	calen	rac dar	tors that receiv	red more that th or within	in \$100 the org	0,000 of ganizatio	n's tax
	(A) Name and business ad	dress				_\			(B) Description of	services		(C) Compens	ation
none								-					
								+					
						_		土			n son and a second	(A)	de Mariante de la como
2	Total number of independent contract received more than \$100,000 of comper	tors (includ nsation from	ing b the c	ut orga	not niza	lım tior	ited 1 ►	to t	those listed at	oove) who			

Part	VIII	Statement of Rever								
		Check if Schedule O	contains a	a resp	onse or note to	(A) Total revenue	F	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ts s	1a	Federated campaigns		1a				revenue	revenue	512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c	Membership dues . Fundraising events .		1b 1c	38,167					
ons, Gif Similar	d e f	Related organizations Government grants (cont All other contributions, gif	rıbutions)	1d 1e					i.	s s i
ntribution d	, g	and similar amounts not inclu Noncash contributions include	uded above	1f -1f. \$	362	· ,	<u>,</u> <			
	h	Total. Add lines 1a-1f	<u> </u>	<u> </u>		38,529		;* #		4 '24 ',
Program Service Revenue	_				Business Code	<u> </u>		444.		
eve	2a									
E	b c			}			-			
erzi	d			1						
Š	e									
gra	f	All other program serv								
P.	g	Total. Add lines 2a-2f		_	>		3 83	iji. (127 48
	3	Investment income (and other similar amo				146		146		
	4	Income from investment	of tax-exe	mpt bo	nd proceeds ►		<u> </u>			
	5	Royalties			<u> </u>			. N. N		1.00 v.3 40
			(i) Rea		(II) Personal					
	6a	Gross rents	40	96,933						
	b	Less: rental expenses								
	С	Rental income or (loss)		6,933		1. 11	Li.	496,933	. 111 111	
	d	Net rental income or ((v) Other	496,933	9	490,933		140. 12. 16 .
	7a	Gross amount from sales of assets other than inventory	(ı) Securi	iles	(II) Other					
	b	Less cost or other basis and sales expenses .					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	C	Gain or (loss)	_ .				. 8	All. L.L.	<u> </u>	Li
	d	Net gain or (loss) .			<u> ▶</u>	1.6.1 + 0.4	2	12,18, 13 A	, ,	133 15
Other Revenue	8a	Gross income from fu events (not including \$					* **			
her Re	 			· a						
ō	b	Less: direct expenses				- ************************************				was referenced to the contract of the contract
	C	Net income or (loss) for			events . ►		+ -			
	ya	Gross income from ga See Part IV, line 19 .	iming activ			*				
	b	Less: direct expenses Net income or (loss) f								and the second of the second or the second o
	10a		ventory,	less						
	b	Less: cost of goods s Net income or (loss) f	old rom sales	. b				the second substitute of the second	, and the second	
	─ ─	Miscellaneous F			Business Code		1			
	11a						-			
	b					1	\top			
	C	•••••			<u> </u>			<u> </u>		
	ď	All other revenue .						· <u> </u>		
	l e	Total. Add lines 11a-								
	12	Total revenue. See in			•	535,60	8	497,07	9	
					 		,			Form 990 (2016

	90 (2016)				Page 10
	Statement of Functional Expenses	anlata all anti	All other area :	no munt nome-lete	dumm (A)
Section	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon				
	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 and domestic governments, See Part IV, line 21	8,841	8,841		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0,041	0,041		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management	8,723	8,723		
d e f	Lobbying		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion				
14 15	Information technology				
16	Occupancy	2.054		2.05.4	
17 18	Travel	2,954		2,954	
19 20	Conferences, conventions, and meetings	326,139	326,139		
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	6,753		6,753	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Banking fees	52	; ;	52	
b	Property Tax	3,435	 	3,435	
С	Utilities	258		258	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	357,155	343,703	13,452	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 54,117 1 782,780 1 2 2 Savings and temporary cash investments 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Assets 7 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,650,000 10b 5,650,000 b Less: accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 . 13 Investments – program-related. See Part IV, line 11 . . . 13 14 14 15 15 Other assets. See Part IV, line 11 6,432,780 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses 17 17 18 18 19 19 20 20 6.870.792 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 54,117 26 6,870,792 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and · 🚀 complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 (438,012)54,117 34 Total liabilities and net assets/fund balances

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rom 9	90 (2016)			Pa	ge J∠
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,608
2	Total expenses (must equal Part IX, column (A), line 25)	2		35	7,155
3	Revenue less expenses. Subtract line 2 from line 1	3		17	8,453
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	4,117
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(670	,582)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		(438	3,012)
Part	XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın i	n n		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:		. 2 a		•
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on	. 2b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second selection of the selection of the second selection of the second selection of the selec		2c		· · · · · · · · · · · · · · · · · · ·
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.			1 3	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		in 3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ergo th audits.	ne 3b		
			For	m 990	(2016

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

ASK Academy Education Foundation 27-4508062 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN listed in your governing other support (see (described on lines 1-10 support (see document? above (see instructions)) instructions) instructions) Nο Yes (A) The ASK Academy 51,346 27-1399911 public charter school (B) (C)

(D)

(E)

							
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016_	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
_	-	1 10	. i: 1/2 *	. (1) (1)			
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)	, ****				. ill	
6	Public support. Subtract line 5 from line 4	100			11.	, \$17 is is	
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	l					
9	Net income from unrelated business						
9	activities, whether or not the business						
	is regularly carried on						;
10	Other income. Do not include gain or						
	loss from the sale of capital assets			•			
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		. 4000	. 11 (1)	444 W.	1311	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	<u> </u>		· · · • 🗆
	on C. Computation of Public Suppo						0/
14	Public support percentage for 2016 (line					14	<u>%</u>
15	Public support percentage from 2015 Sc 33 ¹ / ₃ % support test—2016. If the organ	nedule A, Part	II, line 14 .		 nd line 14 is 3		
16a	box and stop here. The organization qua	alifies as a nub	lich supported	l organization			
, P	331/3% support test—2015. If the organ					is 331/3% or m	nore, check
	this box and stop here . The organization	qualifies as a	publicly suppo	orted organizat	tion		▶ □
17a	10%-facts-and-circumstances test—2	•				6a. or 16b. an	d line 14 is
	10% or more, and if the organization m	eets the "facts	s-and-circumst	ances" test, c	heck this box	and stop here	. Explain in
	Part VI how the organization meets the	"facts-and-circ	cumstances" te	est. The organ	ızation qualıfie	s as a publicly	supported
	organization						🕨 🛚
b	10%-facts-and-circumstances test-2	015. If the ord	anızation did ı	not check a bo	ox on line 13,	16a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiz	ation meets th	ne "facts-and-	circumstances	" test, check	this box and	stop here.
	Explain in Part VI how the organization				The organizat	ion qualifies as	s a publicly _
	supported organization						🟲 🗌
18	Private foundation. If the organization d					ck this box and	see
	instructions						🚩 📗

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the tes	is isted beig	w, piease co	implete Part i	1.)	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2012	(b) 2013	(0) 2014	(a) 2013	(e) 2010	(I) Total
•	received. (Do not include any "unusual grants.")	13,839	85,651	55,485	40,059	51,346	246,380
2	Gross receipts from admissions, merchandise	10,000	05,051	33,403	40,033	31,340	240,300
	sold or services performed, or facilities			İ			
	furnished in any activity that is related to the			·			
3	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	-						
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						
_	<u>~</u>						
6	Total. Add lines 1 through 5	13,839	85,651	55,485	40,059	51,346	246,380
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b				,		
8	Public support. (Subtract line 7c from	· · · · · · · · · · · · · · · · · · ·		1 (
Cooti	line 6.)	L			16.65 - 66-6-60 / 8		
	on B. Total Support	(-) 0010	(I-) 0010	(-) 001.1	(4) 004 5	(a) 0010	(0 T-4-)
Galen 9	dar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,						
	royalties and income from similar sources .				1		
h	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	 						
11	Net income from unrelated business activities not included in line 10b, whether			,			
	or not the business is regularly carried on						
40							
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,						
13	and 12.)						
14	First five years. If the Form 990 is for the	o organization	's first socon	d third fourth	or fifth tay ve	ar as a soction	501/0\/3\
1.4	organization, check this box and stop her	-					
Secti	on C. Computation of Public Suppor					<u> </u>	
15	Public support percentage for 2016 (line 8			3 column (fl)		15	%
16	Public support percentage from 2015 Sch		•			16	%
	on D. Computation of Investment Inc			<u> </u>	· · · · · · ·	1 1	
17	Investment income percentage for 2016 (I		 	v line 13. colur	nn (fl)	17	%
18	Investment income percentage from 2015		• •	-		18	%
19a	33 ¹ / ₃ % support tests—2016. If the organi						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests-2015. If the organization		-		· -		
_	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	-	_	•			<u>=</u>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b	```	V

Schedu	le A (Form 990 or 990-EZ) 2016		1	Page 5
Part	V 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 in (b) and (c) below, the governing body of a supported organization?			
h		11a	-	V
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		V
	on B. Type I Supporting Organizations	1116		
	on on the supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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	**************************************	A LAND CONTRACTOR OF THE PROPERTY OF THE PROPE
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.	2		•
Secti	on C. Type II Supporting Organizations		1.7	
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	Yes	No
Secti	on 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	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	ìź	. Ž
3	By reason of the relationship described in (2), 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	7 / .	
Secti	on E. Type III Functionally Integrated Supporting Organizations			•
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.			
2	Activities Test. Answer (a) and (b) below.		Yes	No
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.	2 a	* **	, , , ,
b	Did the activities described in (a) 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.	2b	ر. منشق	
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a	ر مور التعديد الم	·
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.	3b	, ?	<u>*</u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru iizat	st on Nov. 20, 1970 (explai ions must complete Section	n in Part VI). See ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		7
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		i
4 Enter greater of line 2 or line 3.	4	CONTRACTOR OF THE STATE OF THE	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	itegrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supp	orting	Organi	zations (co	ontinued)			
Secti	on D - Distributions						Cu	irrent Ye	ear
1	Amounts paid to supported organizations to accomplish e	exempt	purpose	es					
2	Amounts paid to perform activity that directly furthers exe				rted				
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	oses of	suppor	ted orga	nizations				
4	Amounts paid to acquire exempt-use assets						L		
5	Qualified set-aside amounts (prior IRS approval required)						ļ		
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.						ļ		
8	Distributions to attentive supported organizations to which	h the or	ganizatı	on is res	ponsive		1		
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2016 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount			Т		=			
•	Har E. Distribution Allegations (assignmentions)		(i)			i) tributions	Di.	(iii) stributal	hle
56	ection E - Distribution Allocations (see instructions)	Exces	s Distril	outions		2016		ount for	
	D 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.287	7.0%		/ J/S:		-		
	Distributable amount for 2016 from Section C, line 6		- 18% 28£	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>,877'\</u>	3 41	1 2 3	1.6	40
_	Underdistributions, if any, for years prior to 2016		: []				* .		
2	(reasonable cause required—explain in Part VI). See instructions.		W.				1 14		
	Excess distributions carryover, if any, to 2016:		2 9 00 € \$800 °	<i>31 /4</i>		7.448		- 311	386 : [
3	Excess distributions carryover, if any, to 2010.	7,48				2///	2 32 7 3		
<u>a</u> b				1415	· 0.		14/2	,	
<u>c</u>	F 0010		.783 ***				7	ilk :	- 1911 ·
_	From 2013				W A		3 1	W III.	M.
<u>_</u>	From 2015			18,5	ilii Ju		321		Ŷij.
_	Total of lines 3a through e	*		W. 7	Hi Alu	(111)			
	Applied to underdistributions of prior years	18.60	- 787	-4	·	· · · · · · · · · · · · · · · · · · ·	1104	4	. 441
	Applied to 2016 distributable amount	111	112			48317			
i	Carryover from 2011 not applied (see instructions)	1//	14:			FA	3 推 /	£ 35.	.185
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				Nà`			<u> </u>	
4	Distributions for 2016 from		7716	#1 #1	.12		2.5		. N. L. P.
	Section D, line 7: \$		<u> </u>		, , , , , , , , , , , , , , , , , , ,		12. ·	<u> </u>	
а	Applied to underdistributions of prior years		104				(, j., j.,	114	
b	Applied to 2016 distributable amount	`\#].	· '{}};		" i	Ø4. j	<u> </u>		
С	Remainder. Subtract lines 4a and 4b from 4.			4	. '#.	JI, 1		- 14	
5	Remaining underdistributions for years prior to 2016, if	1 16	i di					187	
	any. Subtract lines 3g and 4a from line 2. For result], 🕻					Ma.		
	greater than zero, explain in Part VI. See instructions.	îý.	<u> </u>	7251	.727.3	11 7AR . \$ 4	1 15-23	<u> </u>	13.338
6	Remaining underdistributions for 2016. Subtract lines 3h		- Mi	Ti ka					
	and 4b from line 1. For result greater than zero, explain in	וי	. 14						
	Part VI. See instructions.	1861	*, (3)	<u> </u>	((i)	******	 		* 3.6.
7	Excess distributions carryover to 2017. Add lines 3j								
	and 4c.	 , 		*(,	/:855	93/3 35, <u>→</u>	+		20 g 3
8	Breakdown of line 7:	122		\$ >	 	· · · · · · · · · · · · · · · · · · ·	+		* * * * * * * * * * * * * * * * * * * *
a		*			2	, ,		• • • •	2 4 5. 2 4 5.
<u>b</u>	Excess from 2013	-			 • * • • • • •		+	* *	· · · · · · · · · · · · · · · · · · ·
	Excess from 2014	 			 		+		
d	Excess from 2015	 			 		+		
<u>е</u>	Excess from 2016					Cab adul	A /Form	000 07 00	0-FZ) 2016

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.)
Part IV, Sec	ction A 2 Supported organization is a public charter school
	······································
	······································
**	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization **ASK Academy Education Foundation** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes □ No. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements . . . 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

b Assets included in Form 990, Part X

Par	ill Organizations Maintaining	Collections of A	Art, His	torical 1	Treasures	, or Ol	her Similar As	sets (con	rtinued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her reco	rds, chec	k any of th	ne follov	wing that are a s	ignificant i	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е	☐ Othe	r				
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections a	and expla	ain how t	hey further	the org	ganization's exem	npt purpos	se in Parl
5	During the year, did the organization sassets to be sold to raise funds rather to	than to be mainta							s 🗌 No
Par	Complete if the organization a 990, Part X, line 21.		on For	m 990, I	Part IV, lin	e 9, or	reported an am	ount on	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing t	able:		Aı	mount	
С	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16)		
f	Ending balance					11	•		
2a	Did the organization include an amount	t on Form 990, Pa	art X, line	21, for e	escrow or c	ustodia	l account liability	? Ye s	. □ No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the ex	kplanatio	n has been	provid	ed on Part XIII .		
Par	t V Endowment Funds.				•				
	Complete if the organization	answered "Yes'	" on For	m 990, l	Part IV, lin	e 10.			
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses	:							
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses	-			1			1	
g	End of year balance							1	
2	Provide the estimated percentage of the	ne current vear en	d balanc	e (line 1	, column (a	a)) held	as:		
а	Board designated or quasi-endowment	t ▶	%	,					
b	Permanent endowment ▶	%							
c	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.						
За	Are there endowment funds not in the	possession of th	ie organi	zation th	at are held	and ac	lministered for th	е	
	organization by:							\(\bar{\cdot}\)	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on S	chedule R?			3b	
4	Describe in Part XIII the intended uses	of the organization	on's endo	wment f	unds.				
Part									
	Complete if the organization	answered "Yes	" on For	m 990, I	Part IV, lin	e 11a.	See Form 990,	Part X, li	ne 10.
	Description of property	(a) Cost or ot (investm	her basis	(b) Cost	or other basis other)	(c)	Accumulated epreciation	(d) Book	
1a	Land			<u> </u>		(34)27	La Spirit Ship of		
b	Buildings		5,650,000				0		5,650,000
c	Leasehold improvements		· · ·			†			
d	Equipment								
e	Other			 		†			
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90. Part	X. columi	n (B), line 1	0c.) .			5,650,000
			-,	,		- /			

	(a) Description of security or ca		(b) Book value		rm 990, Part X, line 12
	(including name of security	y)	(b) Book value		Method of valuation: end-of-year market value
	al derivatives				
0\ O.L	-held equity interests	· · · · · · · ·			
3) Other (A)			-		
-(F) (B)			·	_	
- <u>(C)</u> (C)			 	- 	· · · · · · · · · · · · · · · · · · ·
(D)			-		
(E)			-		
(F)					
(G)		***************************************			
(H)				Su	
	(b) must equal Form 990, Part X, col. (B) line 12		<u></u>	3 10 10 10 10 10 10 10 10 10 10 10 10 10	*##
Part VIII	Investments—Program Rel		uma 000 Bort IV II	ma 11a Cas Fa	one OOO Dood V live a 40
·	Complete if the organization (a) Description of investme				
	(a) Description of investme	пк	(b) Book value		Method of valuation and-of-year market value
1)					
2)		<u> </u>			
3)					
4)					
5)					
6)			<u> </u>		
7)	·		<u> </u>		
O1					
(8) (9) otal. (Column ((b) must equal Form 990, Part X, col. (B) line 13	.) ▶			
9) otal. (Column ((b) must equal Form 990, Part X, col. (B) line 13 Other Assets.	.) ▶		130 T 2 W	
9) otal. (Column (rm 990, Part IV, li		
9) Ital. (Column (Part IX	Other Assets.		rm 990, Part IV, li		
9) Ital. (Column (Part IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, li		rm 990, Part X, line 15
9) ptal. (Column (Part IX 1) 2)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, li		rm 990, Part X, line 15
9) ptal. (Column (Part IX 1) 2)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, li		rm 990, Part X, line 15
9) ptal. (Column (Part IX 1) 2) 3)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, li		rm 990, Part X, line 15
9) htal. (Column (Part IX 1) 2) 3) 4)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, li		rm 990, Part X, line 15
9) ptal. (Column (Part IX 1) 2) 3) 4) 5)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, li		rm 990, Part X, line 15
9) ptal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, li		rm 990, Part X, line 15
9) ptal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization	answered "Yes" on Fo	erm 990, Part IV, li		rm 990, Part X, line 15
9) ptal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization	answered "Yes" on Fo	erm 990, Part IV, li	ne 11d. See Fo	rm 990, Part X, line 15
9) ptal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities.	answered "Yes" on Fo (a) Description X, col. (B) line 15.)		ne 11d. See For	rm 990, Part X, line 15 (b) Book value
9) htal. (Column (Part IX 1) 2) 3) 4) 5) 6) Otal. (Colu	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25.	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo		ne 11d. See For	rm 990, Part X, line 15 (b) Book value
9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) a) part X	mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.)		ne 11d. See For	rm 990, Part X, line 15 (b) Book value
9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) btal. (Column (Part X	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25.	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo		ne 11d. See For	rm 990, Part X, line 15 (b) Book value
e) tal. (Column (Part IX 1) 2) 3) 4) 5) Column (Column	mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo		ne 11d. See For	rm 990, Part X, line 15 (b) Book value
9) tal. (Column (Part IX 1) 2) 33) 4) 55) 6) 7) 8) Part X) Federal in	mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo		ne 11d. See For	rm 990, Part X, line 15 (b) Book value
9) Ital. (Column (Part IX 1) 2) 3) 4) 5) Otal. (Column (Part X 1) Federal in 2) 3)	mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo		ne 11d. See For	rm 990, Part X, line 15 (b) Book value
e) tal. (Column (Part IX 1) 2) 3) 4) 5) btal. (Column (Part X) Federal in () ()	mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo		ne 11d. See For	rm 990, Part X, line 15 (b) Book value
e) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) Part X Pert X) Federal in () () () ()	mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo		ne 11d. See For	rm 990, Part X, line 15 (b) Book value
9) tal. (Column (Part IX 1) 2) 33) 4) 55) 6) 7) 8) Part X) Federal in	mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo		ne 11d. See For	rm 990, Part X, line 15

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Parl			Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	**************************************
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	A 3 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a
b	Other (Describe in Part XIII.)	4b	
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
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	2a	
a			
Ь	Prior year adjustments	2b	4 👫
C	Other losses	2c	4
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		100 mm
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
Part	XIII Supplemental Information.		<u> </u>
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b and 2b	o: Part V. line 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
•	,		
		····	

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE K (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

ASK Academy Education Foundation

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection 2016

Employer identification number 27-4508052

(i) Pooled financing Yes No ę ş (h) On behalf of Yes No Yes No ۵ Ω 7 Yes Yes (g) Defeased 7 å ŝ 6,870,791.70 Construction of Public Charter School O O (f) Description of purpose Yes Yes ဍ ŝ 8 m Yes Yes (e) Issue price 2016 314,227 29 6,870,791.70 480,000 00 5,650,000 426,564.41 ŝ ŝ 7 7 7 ⋖ (d) Date issued Yes Yes 7 7 2/5/2015 Does the organization maintain adequate books and records to support the Are there any lease arrangements that may result in private business use of (c) CUSIP# 74443D Was the organization a partner in a partnership, or a member of an LLC, Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? (b) Issuer EIN which owned property financed by tax-exempt bonds? . Has the final allocation of proceeds been made? . Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Proceeds in refunding escrows. Year of substantial completion . Gross proceeds in reserve funds Issuance costs from proceeds . Private Business Use final allocation of proceeds? Amount of bonds retired Other unspent proceeds (a) Issuer name Total proceeds of issue Other spent proceeds. Public Finance Authority Bond Issues **Proceeds** Part Part II Part III က 4 S ဖ œ O 4 5 ⋖ œ ပ 2 42 16 Q 13

Schedule K (Form 990) 2016

Cat No. 50193E

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

bond-financed property? .

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Schedule K (Form 990) 2016

| Part III | Private Business Use (Continued)

Part	Private Business Use (Continued)								
,		4		m	_		S	٥	
eg	Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	S >	Yes	N _O	Yes	N	Yes	No
٩									
ပ			`						
פ									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.		%		%		%		%
က	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . ▶		%		%		%		%
9	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		>						
89	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		>						
q	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
ပ	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								:
တ	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		,						
Part IV	IV Arbitrage								
		¥		В	•		C	۵	
-	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	S >	Yes	8	Yes	No.	Yes	No
7	If "No" to line 1, did the following apply?	1							
В	- 1	>							
۰ م									
ပ <u> </u>	- 1	>							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
က	Is the bond issue a variable rate issue?		7						
4 a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		>						
م	Name of provider								
0	Term of hedge								
ס	- 1								
Ð	Was the hedge terminated?								
								Schedule K (Form 990) 2016	orm 990) 2016

Schedule K (Form 990) 2016

Part IV Arbitrage (Continued)

	4			4		٥		
1	Yes	Š	Yes	2	Yes	N _S	Yes	S
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .		>						
b Name of provider				:				
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temp		>						
_	-	•						
Description To The Application Associated Application		١,						
Procedures to Underlake Corrective Action								
	4		Ì	8	- }	S		Ì
Has the organization established written procedures to ensure that violations	Yes	2	Yes	Š	Yes	N _o	Yes	No
of federal tax requirements are timely identified and corrected through the								
Voluntary ciosing agreement program it seit-remediation isn't available under		`						
Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	conses to a	uestions	on Schedu	le K. See i	nstructions			
2	The facility w	ill be lease	d by the state	authorized	public chart	er school, Th	e Ask Acade	my. The
acility has been completed and students are attending the public charter school. All proceeds of the bond have been used in the construction and in compliance with the terms of the	seds of the bo	and have be	en used in the	ne construct	lon and in co	ompliance wi	th the terms	of the
oonds.								
				: :				
				}				
				,				
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							Schedule K (Form 990) 2016	rm 000) 2016