

Form **990** 

# Return of Organization Exempt From Income Tax

OMB Np. 1545-0047

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

2016

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public \

Open to Public Inspection

Inte		ue Service			n 990 and its instruc			ov/form990 June			CHOH	
<u>A</u>	For the	2016 cale	ndar year, or tax y	ear beginning	July 1st	, 2016, a	nd ending	30116		, 20 17		
В	Check if	applicable:	C Name of organization	ACE Leadershi	High School Foun	Gauon			D Employe	er identification	number	
	Address	change	Doing business as							90-0907480		
	Name d	hange		•	not delivered to street ac	doress)	Room/suite		E Telephor		•	
	initial re	turn	1240 Bellamah Av	e, NW			<u> </u>			505-842-507	<u></u>	
	First retu	n√terminateo	City or town, state	or province, country, a	nd ZIP or foreign postal	code		1				
	Amende	o return	Albuquerque, NM	87104					G Gross re			
	Applicat	ion pending	F Name and address	of principal officer:						uzontiraties? 🔲 Y		
			<u> </u>				$\alpha_{-}$			included? 🔲 Y		
<u></u>	Tax-exe	mpt status:	<b>☑</b> 501(c)(3)	□ 501(c) (	) < (insert no.)	147(8)(1) or	<u>□</u> s2/	וארוו	o," attach a	list (see instruc	ctions)	
J	Website	E •				1	<u> </u>		exemption	number >		
K	Form of	organization:	Corporation Tr	ust Association	Other ▶	L Yes	er of formation	2012	M State	of legal domicili	ec NM	
ρ	art I	Summ	ary			·- <b>,</b>						
	1	Briefly de	escribe the organi	zation's mission (	or most significant	activities:	Schedul	e O				
8												
ğ				***************								
Ę	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net asse										
ᇫ	3				g body (Part VI, line				3		5	
=	4	Number	of independent ve	oting members of	the governing bod	ly (Part Vi	, line 1b)		4		5	
Activities & Governance	5				endar year 2016 (F			مستس <u>س</u>	· 5		0	
Ē	6	Total nur	mber of volunteers	s (estimate if nece	essary)		FOF	11-11	6		5	
Ą	7a	Total unr	related business r	evenue from Part	VIII, column (C), lir	e 12		M H	7a		0	
	ь	Net unre	lated business ta	xable income from	n Form 990-T, line	84.1	·		76		0	
	1					1=1	11AV 1	A 29998	ж <u> </u>	Current	t Year	
•	8	Contribu	tions and grants (	Part VIII, line 1h)	. <b></b>	11.	MAY F		工厂			
를	9		service revenue (Part VIII, line 2g)								271,182	
Revenue	10		(D )	711 (A) E	es 3, 4, and 7d) .	سا. ا	MA	M R	1			
Œ	11	Other re-	venue (Part VIII. o	olumn (A), lines 5	. 6d, 8c, 9c, 10c, a	nd 11e)		NAME OF THE PARTY	132.7			
	12	Total rev	enue-add lines 8	through 11 (must	equal Part VIII, coli	umn (A), li	ne 12)		581,513		271,182	
_	13		<del></del>		olumn (A), lines 1-3							
	14			•	* . * .	·	🗀					
<b>#</b> C	46		•	paid to or for members (Part IX, column (A), line 4)								
Expenses	16a		*		nn (A), line 11e) .							
ğ	Ь		draising expense	•			-		2.4	~		
ă	17		- ·		1a-11d, 11f-24e)				492,687		424,937	
	18		•		al Part IX, column	(A) line 2	5)					
	19	-	less expenses. S	• •			· –		88,826		-153,755	
<b>k</b> 1	+						Bo	ginning of Ca	rrent Year	End of	Year	
Not Assets or	20	Total ass	sets (Part X, line 1	6)			🗀		,348,741		5,208,995	
3	21		oilities (Part X, line	•			–	-	1,713,916		4,727,925	
뙲	22		ets or fund balanc	•	21 from line 20				634,825		481,070	
E	art II		ture Block									
U	nder pen			e examined this return	, including accompany	na scheduse	s and statem	ents, and to t	he best of	ny knowledge	and belief, it is	
					er) is based on all inform							
				/ entre					Max	9.75	578	
Si	gn	Sign	nature of officer		. 0	/	,	Dx	rte			
	ere	\ <	span K	Caluar	t Inesid	Dont						
	-	Typ	e or print name and tit	le Control	, , , , , , , , , , , ,							
			ype preparer's name		pa/er's signature n	1	Date	6101	T (2	_ # PTIN		
	aid	Angel	Davis		11.7000X	1/011	7 51	XIIY	Check self-em			
	repare		Aspen (	Consulting and Acc	cunting Services.	ic		<del>* / 10</del>	n's EIN >	45-271	8456	
U	se On	''Y	1168170	Vallecitos, Tijeras					one no	505-220	-2139	
M	av the I		GAA1633 P	<del></del>	wn above? (see ins	tructions					Yes No	
	<u> </u>		uction Act Notice,					. 11282Y			m <b>990</b> (2016)	
							: NV					

Part l	Ù	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		rage 2
1	Brief	fly describe the organization's mission.		
2	prio	the organization undertake any significant program services during the year which were not listed on the r Form 990 or 990-EZ?	Yes	☑ No
3	Did	the organization cease conducting, or make significant changes in how it conducts, any program	] Yes	₽No
4	Des	'es," describe these changes on Schedule O. cribe the organization's program service accomplishments for each of its three largest program services, a enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca total expenses, and revenue, if any, for each program service reported		
4a	(Coc	de: 532000 ) (Expenses \$ 413,244 including grants of \$ ) (Revenue \$	271,182	)
				******
4b	(Coc	de) (Expenses Sincluding grants of S) (Revenue S		_)
				*********
	*****			
4c	(Coc	de: (Expenses S including grants of S ) (Revenue S	******	_)
				*********
				*******
	*****			********
	*****			********
4d	(Exp	er program services (Describe in Schedule O.) benses \$ including grants of \$ ) (Revenue \$ )		

400

rait	Checkist of nequired schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	-	7
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			
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	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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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, VII, VII, 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	118	•	
	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		"
	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		"
a	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	110		-
	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.	116		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			
Þ	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	12a		7
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		4
	Did the organization maintain an office, employees, or agents outside of the United States?	148	├	~
Ĭ	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		
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? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
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		
			<b>GO</b>	1004

Form 99			!	Page 4
Part	Checklist of Required Schedules (continued)			
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	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		1
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		
<b>24</b> a	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		7
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		7
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		
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		•
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		~
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):		د الله الله الله الله الله الله الله الل	
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		~
c	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		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		4
31	conservation contributions? If "Yes," complete Schedule M	30		~
32	Part I	31	_	<b>V</b>
33	complete Schedule N, Part II	32	-	~
34	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	"
	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 35b	-	·
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		10
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
20	Part VI	37	<del> </del>	~
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	<u>~</u>	0 (2016

Part	V Statements Regarding Other IRS Filings and Tax Compliance	_	_	_
	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	1	1	, ,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	暴	10	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		20	
	reportable gaming (gambling) winnings to prize winners?	1c		
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		13	` 1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		2	!
b		2b		ļ,
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- L	لسيا
3a	and the different control of the con	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<b> </b>
43	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		-
D	If "Yes," enter the name of the foreign country:	- °		۰, '
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- 1		
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		×
6a				
	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		
7	Organizations that may receive deductible contributions under section 170(c).	, šť	1,1	
8		1		
	and services provided to the payor? , , , , , , , , , , , , , , , , , , ,	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ā * 1.	~
d	If "Yes," indicate the number of Forms 8282 filed during the year	1.4	4 7	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 71		7
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
9 h	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		24	-
_	sponsoring organization have excess business holdings at any time during the year?	8	3,	1
9	Sponsoring organizations maintaining donor advised funds.	7. 2	(,	1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	,	1
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1.	ا	
a	Initiation fees and capital contributions included on Part VIII, line 12	****	, <del>2</del> 40	
b	Gross receipts, included on Form 990, Part Vill, line 12, for public use of club facilities . [10b]		× );	·
11	Section 501(c)(12) organizations. Enter:		1 1	
3	Gross income from members or shareholders	1.3	100	~
ь	Gross income from other sources (Do not net amounts due or paid to other sources	3.75	₹ <b>*</b> •,	j .
	against amounts due or received from them.)	3,2		_
12a		12a	14.5	<del> </del>
. b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ميتريد	<del> </del>
8	Is the organization licensed to issue qualified health plans in more than one state?	13a	4 4 .	
ь				*
U	the organization is licensed to issue qualified health plans	NEW YEAR	ર્ડક્ટ	1
c	Enter the amount of reserves on hand		9 4	I
148	Did the organization receive any payments for indoor tanning services during the tax year?	14a	7.732	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		Ť
_ <u>_</u> _	popular and popular and provide an experience of contract of the contract of t		990	(2016)

Part \		and f		"No"
1.011	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			
Section	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	13 m		
	If there are material differences in voting rights among members of the governing body, or	Kon.		
	if the governing body delegated broad authority to an executive committee or similar	, S.	-2	, ,
	committee, explain in Schedule O.	- 3	٠,	
Ъ	Enter the number of voting members included in line 1a, above, who are independent . [1b]			1
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	~	1
3	Did the organization delegate control over management duties customarily performed by or under the direct		į	
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		4
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		4
6 7a	Did the organization have members or stockholders?	┡╩┤		-
70	one or more members of the governing body?	78		~
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			مرا
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		~
6	the year by the following:			1
a	The governing body?	8a		1
b	Each committee with authority to act on behalf of the governing body?	8b		1
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		1
Section	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		4
Þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	l		1
**-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	-	
118	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		~
b 12a	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		~ مدا
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	<del>ا</del> =		<u> </u>
•	describe in Schedule O how this was done	12c	l	•
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	ימר   ימר	, , ',	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_	
8	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	<b> </b>
ь	Other officers or key employees of the organization	15b	<u> </u>	<b>├</b> —
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1 3	`	1
103	with a taxable entity during the year?	10-	·	-
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	72.50	-
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1	, u	1
	organization's exempt status with respect to such arrangements?	16b	\	1
Section	on C. Disclosure	<u> </u>		
17	List the states with which a copy of this Form 990 is required to be filed ▶ New Mexico			
18	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
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ 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 int	lerest	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 Becky Auge	cords	:▶	

Form 990 (2018)										Page 7
Part VII Compensation of Officers, Dire	ectors, Tr	uste	es,	Ke	уĒ	mple	ye	es, Highest (	Compensated	Employees, and
Independent Contractors										
Check if Schedule O contains a re										<u> D</u>
Section A. Officers, Directors, Trustees, Key	Employee	s, an	d H	igh	est	Com	pen	sated Employ	ees	14 - 41 - 15 - 15 - 15 - 15 - 15 - 15 -
ta Complete this table for all persons required	to be list	ed. H	epo	art c	om	pensa	MO	n tor the caler	ndar year ending	With or within the
organization's tax year.  • List all of the organization's current office		<b></b>	-4-			thor i	_d;	uldusle er ems	ainational roga	rdiace of amount of
compensation. Enter -0- in columns (D), (E), and								VICUALS OF ORGE	iriizauoris), regai	diess of annount of
List all of the organization's current key en								definition of "k	ev amnlovea *	
List the organization's five current highes										e. or kev employee)
who received reportable compensation (Box 5	of Form \	N-2 E	ınd/	or l	Box	7 of	Fo	m 1099-MISC	) of more than	\$100,000 from the
organization and any related organizations.				•					,	
<ul> <li>List all of the organization's former office \$100,000 of reportable compensation from the office</li> </ul>		-				_		•	mployees who i	received more than
. List all of the organization's former direct	tors or tru	stees	s th	at re	ecei	ved,	in t	he capacity as	a former direct	or or trustee of the
organization, more than \$10,000 of reportable co										
List persons in the following order: individu	ual trustee:	s or	dir	ecto	ys;	Insti	tutic	onal trustees,	officers; key e	employees; highest
compensated employees; and former such pers	ons.									
Check this box if neither the organization not	any relate	d org	aniz	atio	n a	ompe	กรอ	ted any curren	t officer, director	r, or trustee.
		]		•	C)					
W	(B)	(00 1	io! ct		ition more	than (	one	(0)	(E)	(F)
Name and Title	Average hours per							Reportable compensation	Reportable compensation from	Estimated smount of
	week 6:st any							trom	betsler	other
	hours for related	Individual to or director	Institutional	Officer	XQY B	<b>1 1 1 1 1 1 1 1 1 1</b>	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	86	ğ	*	employou	300	3	(W-2/1099-M:SC)		organization
	below dotted (ine)	trustea	Ē	1	ള	ã		1		and related organizations
		ğ	brustoo			Highed compensated omployee		1		
			L°			夏	<u> </u>			
		$I^-$								
(1) Sean Calvert, President	4	1	l			l				
	<del> </del>	~	<u> </u>	<u> </u>	<u> </u>		_	0	0	0
(2) Margo Maher, Secretary			1			ĺ			o	o
(3) Becky Auge, Treaurer	4	~	├-	├	├	├	├	ļ		
Company and the content of the conte	<del> </del>				•			0	١ ،	0
(4) John Robertson, Director	2	<del>                                     </del>	┼─	╁	╁	<del> </del>	-	<del> </del>		
	<del> </del>	-			1	ĺ	1	0	O	0
(5) Mike Vigli, Director	2	Ť	1-	$\vdash$	<del>                                     </del>	<del>                                     </del>	Т		<del> </del>	
Alfania and a second	1	-						0	0	0
(6)			Π	Г	T		Τ			
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		<u> </u>	_	<u> </u>	<del> </del> _		_			
_(8)	ļ	ļ	]			]			1	]
	ļ	<b>├</b> ─	┞	-	-		├			
(9)	<b> </b>	1	1			1		1	1	1
(10)	<del> </del>	<del> </del>	┢	$\vdash$	┼-	├─	╁	<del> </del>	<del> </del>	
(10)	<b>†</b> .	1	1			1	1		}	1
(11)	<del> </del>	<del>                                     </del>	1	╁	<del>                                     </del>	<del>                                     </del>	t	<del>                                     </del>		
	<b>_</b>	4	1	1	ł	E	•	1		I

(13)

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploj	/ees		nd H	lighe:	st C	ompensated E	mployees (	continue T	ea)	
	ω	(B)				u) ibon			(D)	(E)		GD.	
	Name and title	Average					than o		Recortable	P.eportab	.	(F) Estimated	
		hours per	office	ns t			or/trus		compensation	compensation		amount of	
		week (list any hours for	ist in Officer instruction of director docted in Officer instruction of director instruction of direct					<u>s</u>	trom the	related organizatio	ns	other compensation	
		refated		institutional trusted	호	Kay amplayaa	58	Former	organization (W-2/1009-MISC)	(W-2/1099-N	ISC)	from the	
		organizations below dotted	育	3	l	ğ	8 6		(W-2/1009-MISC)			organization and related	
		line)	Ę	Ē		8	P	1			1	organizations	
			Š	ğ			Highost compensated employee				- 1		
(15)	***************************************	<u> </u>	-		$\vdash$	╁	å	┢	-		$\overline{}$		_
			<u> </u>	L				L					
(16)		ļ						1					
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<i></i>	LL 194 P R 1 V · · · · · · · · · · · · · · · · · ·	<del> </del>	1	1							ļ		
(18)				$I^-$						<b></b>			_
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	_		<u> </u>					
(19)		<b></b>	-								- 1		
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<u>γω</u> ]		<del> </del>	1										
(21)				Г				T					
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(22)		ļ	ł										
(23)		<del> </del>	<del> </del>	$\vdash$	⊢	╁╌		╁╾	<del> </del>	<del> </del>			
¥/		†	1										
(24)		İ				T				1			
			<u> </u>	L	L	<u> </u>		<u> </u>	ļ				
(25)	***************************************	ļ	ł						-				
1h	Sub-total	<u> </u>	<u>.                                    </u>	1	<u> </u>	<u>.                                    </u>	<u> </u>	-		<del>                                     </del>			
c	Total from continuation sheets to Part							•				<del> </del>	
<u>d</u>	Total (add lines 1b and 1c)	. <u>.</u>			<u>.</u>			<b>&gt;</b>					
2	Total number of individuals (including bu		d to th	1056	e lis	ted	abov	e) v	ho received m	ore than \$1	00,000	of	
	reportable compensation from the organ	ization ▶										- L. L.	_
3	Did the organization list any former of	flicer direc	tor (	ar ti	niet	20	kov	emi	ninvee or hin	nest compa	nested		No
•	employee on line 1a? If "Yes," complete												<u>;</u>
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	pensation fi	om the	<del></del>	_
	organization and related organizations												
	individual											4	_
5	Did any person listed on line 1a receive of									zation or in	dividua		
Sorti	for services rendered to the organization on B. Independent Contractors	· // /es, (	will	-614	اناد	100	JID J	.07	sour person	• • • •	• •	5 4	_
1	Complete this table for your five highest	compensat	ed in	den	end	lent	cont	ract	ors that receive	ed more tha	an \$100	),000 of	
•	compensation from the organization. Re	•											
	year.							<del>,</del>	·····	·····			
	(A) Name and business ad	tresa							(B) Description of a	enices		(C) Compensation	
	THE COST RESIDENT							╁	acceptor 0		<b></b>		
						*****	··········	†			· · · · · ·		_
								İ					_
													_
								L,	,,,		9 300 0 3		_
2	Total number of Independent contractor received more than \$100,000 of compens		-					o ti	hose listed ab	ove) who			
	received more trial \$100,000 or compete	sauon num	aic O	yar	·Kd	U U SI					, C. W.	s 990 a	

	90 (201	<del></del>		····			Page 9
Par	VIII	Statement of Revenue		a anulina in Ahia	Ded VOII		г
		Check if Schedule O contains a res	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Umalizad business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	18 b	Federated campaigns 1a  Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants,					
	g h	and similar amounts not included above 1f  Honcash contributions included in lines 1a-1f: S  Total. Add lines 1a-1f	>				
Revenue	28 b		Business Code 532000	271,182	271,182		
Program Service Revenue	d e						
Pog	f g 3	All other program service revenue .  Total. Add lines 2a-2f .  Investment Income (including division)	dends, Interest,	271,182			Marie Samuel 1
	4 5		<b>&gt;</b>				
	6a b	Gross rents Less: rental expenses	(ii) Personal				
	c d 7a	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of   G Securities		may-	E STEEL SHOW		
	ь	essets other than inventory Less: cost or other basis and sales expenses .					
6	q	Gain or (loss)	<u> </u>				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	3				
ð		Net income or (loss) from fundraising Gross Income from gaming activities.	events . ►				
	c	Net income or (loss) from gaming ac Gross sales of inventory, less	tivities ►				
	b	Less: cost of goods sold It Net income or (loss) from sales of inv		, s, w, ,			
	11a b	Miscellaneous Revenue	Businesa Code				
	с ф	All other revenue Total. Add lines 11a-11d			<u> </u>	100	
	12	Total revenue. See instructions	<u> </u>	271,182	271,182	<u> </u>	Form 990 (2015)

Part	X Statement of Functional Expenses		li othor omorpotion	a must complete so	hima (A)
Section	n 501(c)(3) and 501(c)(4) organizations must com			s must complete co	
20.00	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,		(B)	(C)	
	, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a	Other employee benefits				
b c	Legal	10,524		10,524	
d e f	Lobbying			, તેરુ <sup>ત</sup> ુ	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses		· · · · · · · · · · · · · · · · · · ·		
14	Information technology			·	
15 16	Royalties				
17	Occupancy				
18	Travel . Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		2.66.		
20	Interest	212,011	212,011		
21	Payments to affiliates	201,233	201,233		
22	Depreciation, depletion, and amortization	1 100	201,233	1 109	
23	Insurance	1,109		* * * * * * * * * * * * * * * * * * *	572.2
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If fine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,	- "		
_	Dues and Subscriptions	60		60	apret from
8	ermen mits mandet thereses	<u> </u>		<u>~</u>	
þ	***************************************				<del>                                     </del>
d		<b> </b>			<del> </del>
e	All other expenses	<b></b>			
25	Total functional expenses. Add lines 1 through 24e	424,937	413,244	11,693	<del></del>
26	Joint costs. Complete this line only if the				
e si	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	tX		
			(A) Beginning of year		(B) End of year
T	1	Cash—non-interest-bearing	338,987	1	420,808
- 1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
ı	4	Accounts receivable, net	0	4	
- 1	5	Loans and other receivables from current and former officers, directors,			ほうでき
	-	trustees, key employees, and highest compensated employees.	in the second	4	
		Complete Part II of Schedule L		5	
ı	6	Loans and other receivables from other disqualified persons (as defined under section	· 大皇 雅 · 华 · 學羅	2	
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	
l		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			M
20		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
\$	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	25,716	9	5,381
- 1	10a			1	THE STATE OF THE S
		other basis. Complete Part VI of Schedule D 10a 5,216,825			The second of the second
	ь	Less: accumulated depreciation 10b 434,019	4,984,038	10c	4,782,806
	11	Investments – publicly traded securities		11	
- 1	12	Investments—other securities. See Part IV, line 11		12	
]	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<b></b>
- 1	15	Other assets. See Part IV, line 11	5,348,741	15	5.208.995
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,348,741	16	3,200,333
	17	Accounts payable and accrued expenses		17	<b></b>
	18	Grants payable		18	<b></b>
	19	Deferred revenue		19 20	
	20	Tax-exempt bond liabilities		21	
_	21	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,	a gray of a complete		p (SW grantesty), in
Labilities	22	trustees, key employees, highest compensated employees, and			是多种的社会
<b>1</b>		disqualified persons. Complete Part II of Schedule L		22	سيناه مستنافيا
3	23	Secured mortgages and notes payable to unrelated third parties	4,170,871	23	4,027,711
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (Including federal income tax, payables to related third		<del>Ĭ</del>	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	543,045	25	700,214
	26	Total liabilities, Add lines 17 through 25	4,713,916	26	4,727,925
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and	The state of the s	1	THE STREET
8		complete lines 27 through 29, and lines 33 and 34.	The state of the s	9.3	
ances	27	Unrestricted net assets	634,825	27	481,070
	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	*	影	
5		complete lines 30 through 34.	, 2	133	
Net Assets or Fund Ba	30	Capital stock or trust principal, or current funds		30	
386	31	Pald-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ö	33	Total net assets or fund balances	634,825 5,348,741	33	481,070 5,208,995
Z	34	Total liabilities and net assets/fund balances		34	

LOLLIN AC	0 (2016)			Pa	99 12
Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		
1	Total revenue (must equal Part Viil, column (A), line 12)	1			,182
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,937
3	Revenue less expenses. Subtract line 2 from line 1	3			3,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		634	1,825
5	Net unrealized gains (losses) on investments	6			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		48	1,070
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				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	plain i	n j	1	
	Schedule O.			1	,
2a	Were the organization's financial statements compiled or reviewed by an Independent accountant?		. <u>2a</u>	4	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	X .	1 .	'
	reviewed on a separate basis, consolidated basis, or both:		1.12		٠ ، ا
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?	٠. ٠	. 2b	<u> </u>	<b>├</b> ─
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	<b>a</b> 🛒	77	
	separate basis, consolidated basis, or both:		- 1	ji.	
	Separate basis Consolidated basis Both consolidated and separate basis	! - 1	:	-	] <del>-</del> -
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			╂	· .
	If the organization changed either its oversight process or selection process during the tax year, e.	quain	n	.] `	. '
_	Schedule O	4	_	4 -	
<b>3</b> a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMR Circular A-133?	ionn			اما
	the Single Audit Act and OMB Circular A-133?		. 3a	+-	-
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 to		Зь		
	required addit or addits, explain why in Scheddie O and describe any steps taken to directly such i	Julia.			2016)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047 2016

Employer identification number

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name	tame of the organization Employer identification number						
ACE	Leadership High School Foundation					90-090	
Par							ns.
The c	organization is not a private founda						<b>△</b>
1	A church, convention of church						< <i>C</i> 1
2	$\ \ \square$ A school described in section						) (
3	A hospital or a cooperative hos	spital service org	anization described in	section	170(5)(1)	)(A)(III). 	(iii) F-40- 450
4	A medical research organization		njunction with a nosp	nai descri	Dea in se	ection tropol(t)(v)(	uj. enter tre
5	hospital's name, city, and state  An organization operated for section 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned or	operate	d by a government	al unit described in
6 7	A federal, state, or local government An organization that normally described in section 170(b)(1)	nment or governi receives a subst	lantial part of its supp	in section oort from	n <b>170(b)</b> ( a govern	(1)(A)(v). Imental unit or from	the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete F	art II.)			
9	An agricultural research organi or university or a non-land-gra university:	ization described nt college of agri	in section 170(b)(1)(culture (see instruction	A)(ix) ope ns). Enter	the nam	e, city, and state of	the college or
10	receipts from activities related support from gross investmen acquired by the organization a	to its exempt fur tincome and unr fter June 30, 197	nctions—subject to co related business taxal 75. See section 509(a	ertain exce de income )(2). (Com	eptions, a e (less se aplete Pa	and (2) no more that ection 511 tax) from a art III.)	n 331/a% of its
	An organization organized and						
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organization	ns described in secti	on 509(a)	(1) or se	ction 509(a)(2). See	e section 509(a)(3).
а		nization operated	, supervised, or contr	olled by it	s suppor	rted organization(s),	typically by giving
	the supported organization supporting organization. Ye				ority of the	he directors or trusto	ees of the
ŧ	<ul> <li>Type II. A supporting organization(s). You must</li> </ul>	the supporting o	rganization vested in t	he same			
c	Type III functionally integ its supported organization	rated. A support (s) (see instructio	ting organization oper ns). You must compl	ated in co ete Part I	nnection IV, Secti	n with, and functiona ons A, D, and E.	illy integrated with,
d	Type III non-functionally that is not functionally interequirement (see instructional section 1).	grated. The orga	nization generally mus	st satisfy a	a distribu	ntion requirement an	erted organization(s) d an attentiveness
e	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from the	e IRS tha	at it is a Type I, Type ion.	il, Type III
f	Enter the number of supported of	organizations .					
9	Provide the following information	n about the supp	orted organization(s).				
	Name of supported organization	(¢) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(N) is the or listed in your docum	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)	100						

Total

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	County enter					
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</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				ſ		
4	Total. Add lines 1 through 3				APP		
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)		) (1971) (1982)				er er er er er er er er er er er er er e
6	Public support. Subtract line 5 from line 4	~ (L.c.)	* * ' ^ 'E .		- " "		
Sect	on B. Total Support			/			
Calen 7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	` ,			- a 2 v.	<b>型型型</b>	·
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</u>
	on C. Computation of Public Support					T	
14	Public support percentage for 2016 (line					14	<u>%</u>
15 16a	Public support percentage from 2015 Sci 331/a/% support test—2016. If the organ					15   31a% or more	check this
144	box and stop here. The organization qua						, carock tills ▶ 📋
b	331/3% support test —2015. If the organithis box and stop here. The organization	ization did not	check a box of	on line 13 or 16	Sa, and line 15		
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization meets the organization.	eets the "facts	-and-circumst	tances" test, c	heck this box	and stop here	e. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets th	ne "facts-and-	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization d	id not check a		3, 16a, 16b, 17	•	ck this box and	
	1		·	·		hedule A (Form 9	90 or 990-EZ) 2016

# 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						
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.")	22,475	19,085	3,693	0	0	45,199
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		128,257	512,334	581,513	271,182	1,493,286
3	Gross receipts from activities that are not an						
	unvelated 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						
6	Total. Add lines 1 through 5						1,538,485
7a	Amounts included on lines 1, 2, and 3						-
	received from disqualified persons .						
ь	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						
C	Add lines 7a and 7b	22,475	147,342	515,973	581,513	271,182	1,538,485
8	Public support. (Subtract line 7c from	-	, ,	-	7.5		
	line 6.)	·	* 3		到天 利工 经营	THE SHEET	<u> </u>
	on B. Total Support		·-				<del>,</del>
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	22,475	147,342	515,973	585,513	271,182	1,538,485
10a	Gross income from interest, dividends,			1			
	payments received on securities loans, rents,			ł			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			}			
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
	• •						
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)	22,475	147,342	515,973	585,513	271,182	1,538,485
14	First five years. If the Form 990 is for the	• • •			, ,		
••	organization, check this box and stop he				•		
Secti	on C. Computation of Public Suppor		<u> </u>	• • • • • •	· · · · ·	• • • • •	▶ 🛭
15	Public support percentage for 2016 (line 8			3 column (f))		15	96
16	Public support percentage from 2015 Sch					16	<del>70</del> %
	on D. Computation of Investment In			· · · · ·	<u> </u>	1 10 1	70
17	Investment income percentage for 2016 (			line 13 colum	nn (f))	17	%
18	Investment income percentage from 2015					18	<del>%</del>
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
ь	331/a% support tests-2015. If the organiz						
_	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di						
	The state of the s						0 000 FT 0040

# 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.)

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	75.7 94.4		3
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	1 強	\$2.50 *3.50 	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
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.	3b	12 T	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
ь	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.	4 <b>b</b>	3. 14. 12.	1:
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.	4c		
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).	5a		
ь	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?	5b	管理	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		5 <sub>6</sub> ,
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).	7		: 5, 5, ~~
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).	8	13 Sec.	·
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.	9a		,
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.	9b		
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.	9c		
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.	10a	16	. i.

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.)

Part	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?	1		
h	A family member of a person described in (a) above?	11a		
	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		-
	on B. Type I Supporting Organizations	1110		<u>.                                    </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	25.4.5	3	5
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	2.10		i Sen
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			7
	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	1	11.	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1. 44		
2		1	2 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 carned out the purposes of the supported organization(s) that operated,	A.E.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c
	supervised, or controlled the supporting organization.	2		†:
Secti	on 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			<i>'</i> .
	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	3,35		
	the supported organization(s).			- Th
Secti	ion D. All Type III Supporting Organizations			<u>t</u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.5	-
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pnor tax			1,
	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?		対数	
_	· · · · · · · · · · · · · · · · · · ·	1	Gallake s	<u> </u>
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	医线		3. 3.
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		i ife
3	By reason of the relationship described in (2), did the organization's supported organizations have a	77.37	E. 36	<i>'</i>
	significant voice in the organization's investment policies and in directing the use of the organization's	100		A Eq. Last
	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		
Secu	on 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 I	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
Ь	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 government entity (	see ins	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	到数	**	, , , , , , , , , , , , , , , , , , ,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	41.77		
	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	1		
	that these activities constituted substantially all of its activities.	1	17	احتا
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	\$ 9 V	16
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		<b>333</b>	***** *****
	reasons for the organization's position that its supported organization(s) would have engaged in these	4		35
	activities but for the organization's involvement.	2ь		
3	Parent of Supported Organizations. Answer (a) and (b) below.	<b>1771</b>		ş.,
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	逐	*	₹ <u>.</u> _
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	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 mis played by the amagination in this program.		المسملة	

Schedule A (Form 990 or 990-EZ) 2016			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n 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	١		
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	Π		A TOTAL STATE OF THE STATE OF T
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	18		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	10		
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE PARTY OF STREET	
4 Enter greater of line 2 or line 3.	14		

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

5 Income tax imposed in prior year

emergency temporary reduction (see Instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8		the organization is re	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6	<del></del>		
10	Line 8 amount divided by Line 9 amount	<del></del>	····	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	I A ANTHONY TO THE		
•	Underdistributions, if any, for years prior to 2016		The second second	The state of the s
2	(reasonable cause required—explain in Part VI). See			
_	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a	K and to the first the same of	A CONTRACTOR OF STREET STREET,		
ь	<b>图13.5. 18. 18. 18. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19</b>			
С	From 2013	The state of the s		
d	From 2014	PARTITION AND ADDRESS.		
•	From 2015	下"沙","看像是"。"我们		
1	Total of lines 3a through e			
9	Applied to underdistributions of prior years	HITCHEN LANGE, NEW		
h	Applied to 2016 distributable amount	を と		
	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from	THE STATE OF THE S		
	Section D, line 7:			
<u>a</u>	Applied to underdistributions of prior years	中心 经通过 经		
ь	Applied to 2016 distributable amount		FF FT SE	
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		ATT OF THE OWNER OF THE OWNER.	
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		3 1 1 3 1 1 1 1 1 1	
	Part VI. See Instructions.	<b>大学和通知的第三人称单</b>		
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			THE RESERVED IN
8	the second secon	<b>非正规则是"无关"。</b>		
Ь	Excess from 2013	THE PROPERTY OF		
C	Excess from 2014	されて 一年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	<b>1</b>	
d	Excess from 2015			TO THE RESIDENCE OF THE PARTY O
•	Excess from 2016	<b>京京 江東北部</b> 中京、大		45.64

## 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.

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Open to Public Inspection

ACE L	eadership High School Foundation		Employer	90-0907480
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	ids or Ac	counts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	•	
		(a) Donor advised funds	0	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in do	nor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contr	ot?	· · · · 🔲 Yes 🗎 No
6	Did the organization inform all grantees, donors,			
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or t	or any oth	ner purpose
	conferring impermissible private benefit?			· · · · □ Yes □ No
Par				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	f a historic	cally important land area
	Protection of natural habitat	Preservation o	f a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in th <u>e f</u>	orm of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2	а
b	Total acreage restricted by conservation easemen	ts	2	b
C	Number of conservation easements on a certified			c l
đ	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a	
	historic structure listed in the National Register .			
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ten	minated by	y the organization during the
	tax year ▶			
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy re violations, and enforcement of the conservation ea	garding the periodic monitoring, ins	epection,	
6				
•	Staff and volunteer hours devoted to monitoring, inspec	rung, nandung of violations, and enforcing	conservatio	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting	na boadles of violations and setemine		lam announce di dan Maria
•	S	rg. Harding of violations, and emortally	CORISEIVE	on easements curing the year
8	Does each conservation easement reported on line	2(d) shove satisfy the requirements of	Feaction 1	70/hV//VBV0
_	and section 170(h)(4)(B)(ii)?	z (o) above oddsty ble requirements of	SCCION I	
9	In Part XIII, describe how the organization reports			
•	balance sheet, and include, if applicable, the text	of the footpote to the organization's fir	ancial expe	temests that describes the
	organization's accounting for conservation easeme	ents.	Marician Sta	terrierus utar describes trie
Part			Other S	imilar Assets
	Complete if the organization answered			
18	If the organization elected, as permitted under SF			statement and balance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	ducation,	or research in furtherance of
	public service, provide, in Part XIII, the text of the t	ootnote to its financial statements that	t describe	s these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue s	statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation.	or research in furtherance of
	public service, provide the following amounts relat	ing to these items:	: »	
	(i) Revenue included on Form 990. Part VIII, line 1			. <b>▶</b> S
	(ii) Assets included in Form 990, Part X			. <b>&gt;</b> \$
2	If the organization received or held works of art	. historical treasures or other similar	assats f	or financial pain provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these it	tems:	Sout broade or
8	Revenue included on Form 990, Part VIII, line 1 .			<b>▶</b> S
_	Assets included in Form 990. Part X			<b>-</b>

Schedu	le D (Form 990) 2016					Page 2
Part	III Organizations Maintaining	Collections of	Art, Historica	Treasures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):		her records, ch	eck any of the folio	wing that are a sig	gnificant use of its
а	☐ Public exhibition		d 🗆 Loa	an or exchange prog	arams	
ь	☐ Scholarly research			ner		
	☐ Preservation for future generations	3	<del></del>	***************************************		
4	Provide a description of the organizat XIII.		and explain how	they further the or	ganization's exem	pt purpose in Pari
5	During the year, did the organization assets to be sold to raise funds rather					
Par	IV Escrow and Custodial Arra		ance as parter	organization o		
u u	Complete if the organization 990, Part X, line 21.		" on Form 990	, Part IV, line 9, or	reported an am	ount on Form
18	Is the organization an agent, trustee,	custodian or oth	er intermediary	for contributions of	r other assets no	l
	included on Form 990, Part X?					
ь	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the following	a table:		
_		•			An	nount
c	Beginning balance		<b></b>	1	С	
d	Additions during the year			1	d	
•	Distributions during the year			1	0	
	Ending balance				1	
2a	Did the organization include an amous	nt on Form 990, P	art X, line 21. fo	r escrow or custodi	al account liability	Yes 🔲 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the explana	tion has been provid	ied on Part XIII .	<u> D</u>
Par	t V Endowment Funds.					
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance					
	Contributions		ļ			
С	Net investment earnings, gains, and losses					
đ	Grants or scholarships				<u></u>	
e	Other expenditures for facilities and	1	j			-
	programs					<u> </u>
	Administrative expenses					
_	End of year balance	West distance of the second	L		<u> </u>	<u> </u>
2	Provide the estimated percentage of t	the current year er	nd balance (line	1g, column (a)) held	las:	
8	Board designated or quasi-endowmer	nt ▶	%			
ь	Permanent endowment ▶	%				
C	Temporarily restricted endowment ▶					
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the	2c should equal 1 e possession of t	00%. ne organization	that are held and a	dministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
•	(ii) related organizations					3a(ii)
4	If "Yes" on line 3a(ii), are the related on Describe in Part XIII the intended uses	•	•			30 ]
	SANTING MIT OF THE WINDINGO COC	a ar are as American	5 CAUTING			

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,194,050		35 12	1,194,050
b Buildings	3,920,314		424,701	3,495,613
c Leasehold improvements	102,461		5,123	93,143
d Equipment				
e Other				
otal. Add lines 1a through 1e. (Column (d) must o	equal Form 990, Part	X. column (B), line 10	)c) ▶	4,782,80

•	Complete if the organization answered "Yes" on Fo			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
Financial	derivatives			
Closely-h	eld equity interests			
Other				
W)				
(B)				
(C)	**************************************			
(D)	. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
(E)		·		
(F)				
(G)				
(H)		<del></del>		
	b) must equal Form 990, Part X, col. (8) line 12.) ▶	· <del>  </del>		ings -
art VIII	Investments—Program Related.	<u> </u>	" " 1 " " 12 " 2 " 2 " 2 " 2 " 2 " 2 " 2	Art.
art VIII	Complete if the organization answered "Yes" on Fo	rm 000 Part IV lin	a 11c See Form 990 I	Part Y line 13
			(c) Method of vi	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
1)				
2)		<del> </del>	ļ	
3)		<del>                                     </del>	<u> </u>	
4)		<del> </del>		
5)		<del>                                     </del>		
<u>5)</u>		<del></del>		
<u>י</u>		ļ		
<u>8)                                      </u>		<del> </del>		
9) 	b) must equal Form 990, Part X, col. (B) Ene 13.) ▶	<del> </del>	"" """" "" "" "" "" "" "" "" "" "" "" ""	to want i
Part IX	Other Assets.	1	1. 10. 12. 4. (86.00m) 20. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	C. P. 2 17 42.
Parcia				
	Complete if the occapitation answered "Vee" on Ec	orm 990 Part IV fir	a 11d See Form 990	Part X line 15
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lir	ne 11d. See Form 990,	
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lir	ne 11d. See Form 990,	Part X, line 15 (b) Book value
		orm 990, Part IV, lir	ne 11d. See Form 990,	
2)		orm 990, Part IV, lir	ne 11d. See Form 990,	
2) 3)		orm 990, Part IV, lir	ne 11d. See Form 990,	
2) 3) (4)		orm 990, Part IV, lir	ne 11d. See Form 990,	
2) 3) 4) 5)		orm 990, Part IV, lir	ne 11d. See Form 990,	
2) 3) 4) 5) 6)		orm 990, Part IV, lir	ne 11d. See Form 990,	
2) 3) 4) 5) 6) 7)		orm 990, Part IV, lir	ne 11d. See Form 990,	
2) 39 4) 5) 6) 7)		orm 990, Part IV, lir	ne 11d. See Form 990,	
2) 3) 4) 5) 6) 7) 8)	(a) Description			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
(2) (3) (4) (5) (6) (7) (8)	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			(b) Book value
2) 3) (4) 5) (6) (7) 2) 9) otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Fo			(b) Book value
2) (4) (5) (6) (7) (8) (9) otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.			(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability (b) Book value			(b) Book value
2) 3) (4) (5) (6) (7) 8) 9) otal. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.			(b) Book value
2) 3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability (b) Book value			(b) Book value
2) 3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability (b) Book value			(b) Book value
2) 39 4) 55 66 77 89 otal. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability (b) Book value			(b) Book value
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2) 39 49 55 66 77 88 99 otal. (Colu Part X  (1) Federal ii 2) 33 (4) 55 (6) (7)	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability (b) Book value			(b) Book value
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Schedut	e D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statement	ents With Revenue per l	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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
đ	Other (Describe in Part XIII.)		
•	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	1	3 - 775
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
8	·		
	Other (Describe in Part XIII.)		
С 5	Add lines 4a and 4b		4c
Part	Complete if the organization answered "Yes" on Form 990,		r return.
			1
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		19d 3K
_	Donated services and use of facilities	2a	A CONTRACTOR OF THE CONTRACTOR
8	Prior year adjustments	<del>}</del>	
b	Other losses		
c d	Other (Describe in Part XIII.)		
_	Add lines 2a through 2d		26
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	(*Y #4.
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a	[E43]
	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to provide any additional in	formation.
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Part XIII Supplemental Information (continued)		
Part XIII	Supplemental Information (continued)	
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### 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.

2016

Department of the Trassury Internal Revenue Service Name of the organization

ACE Leadership High School Foundation

► 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.

Open to Public Inspection

90-0907480

Pt I, Line 1
Primarey Exempt Purpose: Support Educational initiatives and school policy reform in New Mexico by supporting ACE Leadership Charter
High School by acquiring and holding real estate to be leased to the school. Conduct educational training and networking activities,
community developement, fundraising assitance and prepare and disseminate reports and educational literature.
Part VI, Line 19
All documents are available electronically per request by the public
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