		_	2949303	, <b>3</b> (	3417 9
		(		_	• -
,	•	1	&E )		
, _	, 99	<b>10</b> / 9	Return of Organization Exempt From Income Tax		OMB No. 1545-0047
Forr		)U	Return or organization Exempt From moonic Tax		2017
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found	1 /	٠ <u>ــــــــــــــــــــــــــــــــــــ</u>
Den:	artment o	f the Treasury	Do not enter social security numbers on this form as it may be made public.	11	Open to Public
Inter	nai Rever	f the Treasury lue Service	► Go to www.irs.gov/Form990 for instructions and the latest information. (	10	Inspection
A	For the	2017 cale	ndar year, or tax year beginning January 1 , 2017, and ending Decemb		1,20 17
В	Check if	applicable.		Employ	rer Identification number
Щ		change	Doing business as		27-4508062
닖	Name cl	•	· I	elepno	ne number
님	Initial ret		4550 Sundt Rd. NE  City or town, state or province, country, and ZIP or foreign postal code		505-891-0757
H	_	m/terminated		C	nacinto É
	Amende				ecelpts \$
ш	Applicat	ion pending	, Lancas 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		subordinates? Yes No
_	Tay_aya	mpt status:			a list (see instructions)
_	Website		w.theaskacademy.org		•
					of legal domicile: NM
	art I	Summ			
	1	Briefly de	scribe the organization's mission or most significant activities: The ASK Academy Ed	ucatio	n Foundation is a 501(c)
8		-	ounded to support The ASK Academy, a public charter school in the State of New Mexico.		
Activities & Governance		significar	t activities are fundralsing for the school and purchasing the school's facility.		
Ę,	2	Check th	s box > I if the organization discontinued its operations or disposed of more than 25	% of	its net assets.
Ĝ	3	Number	of voting members of the governing body (Part VI, line 1a)	3	7
<b>ජ</b>	4		of independent voting members of the governing body (Part VI, line 1b)	4	7
Ĕ	5	Total nun	nber of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
뢇	6		nber of volunteers (estimate if necessary)	6	25
ď	7a		elated business revenue from Part VIII, column (C), line 12	7a	0
	ь	Net unrel	ated business taxable income from Form 990-T, line 34	7b	Current Year
		Contribut		0 530	53,669
Ę	8 9		ions and grants (Part VIII, line 1h)	8,529	33,003
Revenue	10	-	nt income (Part VIII), column (A), lines 3, 4, and 7d)	146	2,274
æ	11			6,933	507,375
	12			5,608	563,318
_	13		id similar amounts paid (Part IX, column (A), lines 1-3)		
	14		paid to or for members (Part IX, column (A), line 4)		<del></del>
ø	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		
nses	16a		nal fundraising fees (Part IX, column (A), line 11e)		
Expen	b		draising expenses (Part IX, column (D), line 25) ▶		
Щ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
	19	Revenue	less expenses. Subtract line 18 from line 12		
Not Assets or Fund Balances			Beginning of Curren	t Year	End of Year
Salar	20		ets (Part X, line 16)		
¥ĕ	21		Iltles (Part X, line 26)		
	22		s or fund balances. Subtract line 21 from line 20		
	rt (I		ure Block		
true	er pena	mes of perj., t, and combi	y, I declare that I have evamined this return, Including accompanying schedules and statements, and to the b le Declaration of proparer (other than officer) is based on all information of which preparer has any knowledge	est of n e	ny knowledge and belief, it is
			restance ( and contillian 111	112	110
Sig	n	Sign	ture of officer Date	113	110
He		7	anstaner Dove Cectilleia		
	-	Type	or print name and title		<del></del>
D-			e preparer's name Preparer's signature Date	Shack f	PTIN
Pai				Check [ elf-emp	IT
	pare		<del></del>		

Firm's address ►

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

☐ Yes ☐ No Form **990** (2017) DEC 21 2018

## **Checklist of Required Schedules**

	-		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	ì	1
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		<b>√</b>
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		<b>-</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	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>✓</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>✓</u>
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	11c		<u> </u>
đ	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		<u>·</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		<u></u> -
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		<u>~</u>
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	,	<del></del>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
b	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.	14b		<b>~</b>
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		<u> </u>
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		<u>·</u>
7	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		<u>·</u>
8	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		<u>·</u> ✓
9	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>✓</b>
			gan	/2017\

Part	Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	[00-	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1
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		1
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		1
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	<b>\</b>	
c	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	<b>√</b>	✓
d <b>25</b> a	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 !	24d 25a		<b>√</b>
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		1
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		1
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	•	1
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	1
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		,
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 conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>.</u>
	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 1	33		<b>√</b>
	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		<b>~</b>
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>√</b>
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		<u>▼</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	'		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	37		<u>√</u> .
		Form	990	(2017)

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			
10	Fatantha number named a Barol of Fatantia Control of the Control o		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ł		İ
-	Did the organization comply with backup withholding rules for reportable payments to vendors and	ł		
	reportable gaming (gambling) winnings to prize winners?	10	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		<b>✓</b>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		_
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
	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?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	"5		· <del></del>
	required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or Indirectly, to pay premiums on a personal benefit contract?	7е		✓_
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>/</u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g	$\longrightarrow$	1
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		<u>▼</u>
	sponsoring organization have excess business holdings at any time during the year?	8	$\neg \neg$	₹
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓_
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:	ı		
	Gross income from members or shareholders		ľ	1
	Gross income from other sources (Do not net amounts due or paid to other sources	1	}	ŀ
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del></del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		- 1	ĺ
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	120		i
	Note. See the instructions for additional information the organization must report on Schedule O.	13a	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which			- 1
	the organization is licensed to issue qualified health plans			İ
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>✓</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	000	
		Form	990	(2017)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 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	ee in:		
Sect	ion A. Governing Body and Management	<u> </u>	•	· <u>' '</u>
10	Enter the number of voting members of the governing body at the and of the tay year.	· · · ·	Yes	No
14	Enter the number of voting members of the governing body at the end of the tax year			
b 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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		1
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>√</b>
6 7a	Did the organization have members or stockholders?	6 7a ·		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a .	<b>\</b>	
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b 12c	<b>√</b>	_
13	Did the organization have a written whistleblower policy?	13	<u> </u>	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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>
b	Other officers or key employees of the organization	15b		<b>✓</b>
16a	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 with a taxable entity during the year?	460		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<b>V</b>
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1		
17 18	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 available for public inspection. Indicate how you made these available. Check all that apply.	501(	e(8)(3	only)
19	Own website   Another's website   Upon request   Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.	rest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstance Dove Castilleja, 4550 Sundt Rd NE, Rio Rancho NM 87124, 505-891- 0757	ords:	<b>&gt;</b>	

E	$\alpha\alpha$	(2017)

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
	Chapte & Cabardada O anadalan a managana a anada Anagardiya in Abia Dark VIII	

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 relate	d org	aniz	atic	n c	ompe	nsa	ted any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual or director	unles er and	Pos teck	rson	than of the Highest compensated employee	an (ee) Form	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Constance Dove Castilleja President/Director				1				0	0	(
(2) David Barbour Treasurer/Director				✓				0	0	(
(3) Pepper Poole Secretary/Director				1				0	0	
(4) Gisela Begley Director		1						0	0	
(5) Ivan Begley Director		1				-		0	0	
(6) Linda Murillo Director		<b>\</b>						0	0	
(7) Ben Lockard Scholar Director		1						0	0	C
(8)										
(9)										
(10)										
(11)										
(12)									<del></del>	· · · · · · · · · · · · · · · · · · ·
(13)										
(14)									<del></del>	

	(A) Name and title	(B) Average hours per week (list any	box,	unles er and	Pos neck is pe d a d	rson Ilrect	than o is both or/trust	en ee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(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
(15)					Ĩ						
(16)	•••••••••••••••••••••••••••••••••••••••		,		T						···· <del>·</del> , ······
(17)		*******			İ					,	
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(20)				H	,				<u></u>		
(21)		-	1			_					
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									·····-	-	
(25)					! ;					•	
1b c d	Sub-total	VII, Section						<b>A</b> · <b>A</b> · <b>A</b>	! 0 ! 0	0 - 0 _ 0	- 0 - 0
2	Total number of individuals (including but reportable compensation from the organi	not limited						) wi	ho received mo	ore than \$100,00	10 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5										Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individu	
	on B. Independent Contractors										
1	Complete this table for your five highest of compensation from the organization. Rep year.										
None	(A) Name and business add	'ess							(B) Description of se	ervices	(C) Compensation
None											
					_						
2	Total number of independent contractor received more than \$100,000 of compensi							th	ose listed abo	ove) who	
	·								<del></del>		Form <b>990</b> (2017)

Form **990** (2017)

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule (	O contains	a res	ponse or note to		Part VIII	<u> </u>	🗆				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
ats at	1a	Federated campaign	s	1a									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b				į					
8. §	С	Fundraising events .		1c	53,280			Ì					
ここ さんしょう こうしょう こうしょう こうしゅう こうしゅう ひょう ひょう ひょう ひょう ひょう ひょう ひょう ひょう しゅう しゅう しゅう しゅう しゅう しゅう しゅう しゅう しゅう しゅ	d	Related organization		<u>1d</u>					İ				
8 E	e	Government grants (cor		1e				1					
ifi S ta	f	All other contributions, g		[	!								
5 원		and similar amounts not in		11	389				,				
5 E	g	Noncash contributions inclu							ļ.				
	<u>h</u>	Total. Add lines 1a-1	lf	• •		53,669							
a C	١.				Business Code		·	ļ					
9,6	2a								ļ				
贸	Ь												
Ž	C												
တ္တ	d		•••••		·								
檀	e	All ather process con											
Program Service Revenue	g	All other program ser Total. Add lines 2a-2			<b>b</b>		· · · · · · · · · · · · · · · · · · ·	L	ļ				
	3	Investment income					-		T				
		and other similar amo				2,274	2,274						
	4	Income from investmen	-		L	-,-, ,							
	5			-					<u>.                                    </u>				
		,	(i) Real	<u> </u>	(ii) Personal								
	6a	Gross rents	50	7,375									
	Ь	Less: rental expenses							,				
	C	Rental income or (loss)	50	7,375									
	d	Net rental income or			>	507,375	507,375						
	7a	Gross amount from sales of	(i) Securiti	es	(ii) Other		<del></del>						
		assets other than inventory											
	b	Less: cost or other basis				i							
		and sales expenses .				•							
	C	Gain or (loss)											
	d	Net gain or (loss) .		• ;	🕨								
Ð		_											
Revenue	8a	Gross income from fu	undraising										
9Ve		events (not including \$		- <del>-</del> -									
		of contributions reported See Part IV, line 18		•									
Other				_									
δ		Less: direct expenses											
		Net income or (loss) f Gross income from ga			events . >			<del></del>	· · · · · · · · · · · · · · · · · · ·				
	04	See Part IV, line 19			İ	ĺ							
	١,	Less: direct expenses											
		Net income or (loss) f					· · · · · · · · · · · · · · · · · · ·	<del></del>					
	1	Gross sales of in		-	VIIICO			··· ·					
	'''	returns and allowance				i							
	ь	Less: cost of goods s											
	c	Net income or (loss) f											
		Miscellaneous R			Business Code			· · · · · · · · · · · · · · · · · · ·					
	11a				·								
	b												
	С				- 1	· · · · · · · · · · · · · · · · · · ·							
	d	All other revenue .	, , ,	,									
	e	Total. Add lines 11a-	11d	'	>				····				
	12	Total revenue, See in			<b>-</b>	563,318	509,649		ك				

	90 (2017)		·····	·	Page 1
	on 501(c)(3) and 501(c)(4) organizations must con		ll other organization	is must complete o	olumn (A).
	Check if Schedule O contains a respon				
	nt include amounts reported on lines 6b, 7b, 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	39,430	39,430		
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	,	1		
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	Fees for services (non-employees):  Management				
c d	Accounting				
0	Professional fundraising services. See Part IV, line 17				
- f g	Investment management fees 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 ,	5,350		5,350	
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel	1,337		1,337	
19	Conferences, conventions, and meetings				
20	Interest	323,630	323,630		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	7,058		7,058	,
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	BANK FEES	119	<del></del>	119	<del></del>
b		113		119	·
C					<del></del>
d		<del></del>			
9	All other expenses		<del></del>		
25	Total functional expenses. Add lines 1 through 24e	376,924	363,060	13,864	
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)	3.3,324	200,000	10,000	- <u> </u>

	art X		Abla Dark V		
		Check if Schedule O contains a response or note to any line in	this Part X (A)	<del></del>	
			Beginning of ve	ar	End of year
	1	Cash—non-interest-bearing	78	2,780 1	<u> </u>
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	<del></del>
	4	Accounts receivable, net		4	<del></del>
	5	Loans and other receivables from current and former officers, dire	1		
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L	oyees.	5	<u> </u>
20	6	Loans and other receivables from other disqualified persons (as defined under 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employee sponsoring organizations of section 501(c)(9) voluntary employees benorganizations (see instructions). Complete Part II of Schedule L	section ers and eficiary	6	_
Assets	7	Notes and loans receivable, net		7	<u> </u>
Ş	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	· — — — — — — — — — — — — — — — — — — —	9	
	10a	Land, buildings, and equipment: cost or	·		
	İ	athenie Constat Brattle Colon I. B.	650,000		ļ
	ь	Less: accumulated depreciation 10b	154,529 5,650	0,000 104	5,495,471
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	. 6,432	,780 16	6,333,550
	17	Accounts payable and accrued expenses	•	17	' ]
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule I		21	
8	22	Loans and other payables to current and former officers, dire			
E		trustees, key employees, highest compensated employees,			
Liabilitles		disqualified persons. Complete Part II of Schedule L	<u> </u>	22	<del></del>
_	23	Secured mortgages and notes payable to unrelated third parties .			<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related parties, and other liabilities not included on lines 17-24). Complete F	Part X		
		of Schedule D		25	<del></del>
	26	Total liabilities. Add lines 17 through 25		,792 26	6,552,647
202		Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34.	] and		
a	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► complete lines 30 through 34.	and and		
2	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	. (438,		(219,097)
_	34	Total liabilities and net assets/fund balances		34	61753,500
					Form <b>990</b> (2017

Par	t 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				3,318
2	Total expenses (must equal Part IX, column (A), line 25)	2			37	6,924
3	Revenue less expenses. Subtract line 2 from line 1	3			18	6,394
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			(43	B,012)
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			3	5,521
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		İ			
	33, column (B))	10	<u> </u>		(21	9,097)
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	· ·	<del></del>		<u> </u>
_	Accounting with advantage and Att. 5 are 200 Flour. The second Flour.		ı,r		Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other	1-!-	<del>.</del> ]			
	If the organization changed its method of accounting from a prior year or checked "Other," e. Schedule O.	xpiain	in			
2a	The state of the s		ŀ			7
24	If "Yes," check a box below to indicate whether the financial statements for the year were con		ر ا	2a		<b>V</b>
	reviewed on a separate basis, consolidated basis, or both:	ipiica	"			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		I			
h	Were the organization's financial statements audited by an independent accountant?		ŀ	2b	1	A
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	<u>.</u> }	20		
	separate basis, consolidated basis, or both:		٠			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versia	ht h	—		
_	of the audit, review, or compilation of its financial statements and selection of an Independent acco			2c		1
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in			•
	Schedule O.	•	- 1			į
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?		.	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo th	ne			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	audits.		ЗЬ		
				Forn	990	(2017)

# 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.

▶ Go to www.irs.gov/Form\$90 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification number

					_				
Pa	Reason for Public Cha	rity Status (Al	l organizations mus	comple	ete this p	art.) See ins	tructi	ons.	
The	organization is not a private founda		· ·	-	-	•		^	
1	A church, convention of church						11		
2									
_	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									
3	section 170(b)(1)(A)(iv). (Com		college of university	owned (	or operati	ed by a gove	mmen	um described in	
6	A federal, state, or local gover	•	mental unit described	l in cocti	on 170/h	1/11/A1/G1			
7	An organization that normally						or fro	m the general public	
-	described in section 170(b)(1)								
8	☐ A community trust described i			Part II.)	,				
9	An agricultural research organ			•	erated in	conjunction	with a	land-grant college	
	or university or a non-land-grauniversity:	ant college of ag	riculture (see instruction	ons). Ente	er the nar	ne, city, and s	state o	f the college or	
10	An organization that normally receipts from activities related	receives: (1) mo	re than 33 /s% of its s	upport fro	om contri	butions, mem	bersh	ip fees, and gross	
	support from gross investmen	it income and ur	related business taxa	ble incon	ne (less s	ection 511 tax	() from	businesses	
	acquired by the organization a								
11 12	☐ An organization organized and ☐ An organization organized and			-				my out the numbers	
12	of one or more publicly support								
	Check the box in lines 12a thro								
а	<b>—</b>				_			=	
	the supported organization								
	supporting organization. Y	ou must compl	lete Part IV, Sections	A and B	-				
b	Type II. A supporting orga	nization supervi	sed or controlled in co	nnection	with its	supported org	anizat	ion(s), by having	
	control or management of				e persons	that control of	or mar	age the supported	
	organization(s). You must	•	•				_		
С	Type III functionally integ its supported organization							ally integrated with,	
d	☐ Type III non-functionally	integrated. A su	pporting organization	operate	d in conn	ection with its	supp	orted organization(s)	
	that is not functionally inte	grated. The orga	anization generally mu	st satisfy	a distribi	ution requirem	nent ar	nd an attentiveness	
	requirement (see instruction	ns). <b>You must</b> d	complete Part IV, Sec	tions A	and D, a	nd Part V.			
е							I, Typ	e II, Type III	
	functionally integrated, or			porting	organizat	ion.			
f	Enter the number of supported	_						· · []	
9	<u></u>	<del></del>	· · · · · · · · · · · · · · · · · · ·	1		<del> </del>			
	(I) Name of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of m support (se		(vi) Amount of other support (see	
			above (see Instructions))	docu	ment?	instruction		Instructions)	
		]		Yes	No	{			
T	he ASK Academy	<del> </del>	18	- <del></del>	<del>                                     </del>			<del> </del>	
(A) <sup>*</sup>	-	27-1399911	public charter school			ì .			
/P)	· · · · · · · · · · · · · · · · · · ·	<u> </u>						RECEIVED	
(B)				<u> </u>					
(C)							5-638	DEC 0 : 0010	
<del>~</del>							الم	DEC 2 1 2018	
(D)							Ē		
					<b></b>			DEDEN LIT	
(E)		]	1	)	]		<u> </u>	PUDLIN, UI	
Tota	<del></del>								
1000	4							1	

							3
Pari							
	(Complete only if you checked to						alify under
Sact	Part III. If the organization fails to	o quality und	er the tests in	stea below, p	lease compli	ete Part III.)	
	ion A. Public Support Idar year (or fiscal year beginning in)	(-) 2012	T (b) 0014	(0) 0015	1 tal 2016	(-) 0017	(0 Tabel
Caler 1		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not		1				ļ
	include any "unusual grants.")						1
2	Tax revenues levied for the		<del> </del>			-	<del> </del>
_	organization's benefit and either paid						
	to or expended on its behalf		_				[
3	The value of services or facilities						<del> </del>
•	furnished by a governmental unit to the	ĺ		1			İ
	organization without charge \		1	1		1	
4	Total. Add lines 1 through 3					1	
5	The portion of total contributions by						
•	each person (other than a						1
	governmental unit or publicly		}				i
	supported organization) included on					ļ	
	line 1 that exceeds 2% of the amount					1	
	shown on line 11, column (f)						
8	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u></u>		L	<u> </u>
	on B. Total Support	4 3 22 2		1 / 1 - 1		T	
	dar year (or fiscal year beginning in)	(a) 2013 <sub>4</sub>	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			<u> </u>			
8	Gross income from interest, dividends, payments received on securities loans,					ŀ	1
	rents, royalties, and income from			İ			•
	similar sources			ļ			
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.)	<u>.</u>					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
Cooti	organization, check this box and stop he			<u></u>	<del></del>	· · · · ·	<u>· · ▶ ⊔</u>
	on C. Computation of Public Support Public support percentage for 2017 (line 6			4	_		
14 15	Public support percentage for 2017 (line to Public support percentage from 2016 Sch			1, column (f))	/	14	<u>%</u>
16a					d line 1Å is 33	15	check this
	box and stop here. The organization qua	lifies as a oubl	icly supported	organization	1		
b	331/a% support test-2016. If the organi						
	this box and stop here. The organization						<b>▶</b> □
17a	10%-facts-and-circumstances test-20			-		6a. or 16b. and	ے d line 14 is
	10% or more, and if the organization me	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	ind stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organiz	ation qualifies	as a publicly	supported
	organization						. ▶ 🗆
, b'	10%-facts-and-circumstances test-20	16. If the orga	anization did n	ot check a box	c on line 13, 1	6a, 16b, or 17	a, and line
•	15 is 10% or more, and if the organiza	tion meets the	e "facts-and-c	ircumstances"	test, check t	his box and s	stop here.
	Explain in Part VI how the organization n	neets the "fact	s-and-circums	stances" test. 1	The organization	on qualifies as	a publicly
40	supported organization						🟲 🗆
18	Private foundation. If the organization di					k this box and	see
<u> </u>	instructions	·			<u></u>		· · <b>&gt;</b> 🗅
	Karangaran Land				Sch	edule A (Form 990	or 990-EZ) 2017

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	11.
If the organization	on 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) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	85,651	55,485	40,059	51,346	53,669	286,510
-	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-				
4	Tax revenues levied for the organization's benefit and either pald to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	85,651	55,485	40,059	51,346	53,669	286,510
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						
с 8	Add lines 7a and 7b						286,510
Secti	on B. Total Support	<u> </u>				<u> </u>	280,310
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	85,651	55,485	40,059	51,346	53,669	286,510
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable Income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	7					
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.)	85,651	55,485	40,059	51,346	53,669	286,510
14	First five years. If the Form/990 is for the organization, check this box and stop he	re		d, third, fourth	=		n 501(c)(3) · · ▶ □
	on C. Computation of Public Suppor					<del></del>	
15	Public support percentage for 2017 (line l			• • • •		15	100 %
16	Public support percentage from 2016 Sch			<del></del>	<u> </u>	16	100 %
	on D. Computation of Investment In			ulina 10 aali ii	an (6)	1471	
17 10	Investment income percentage for 2017 (					17	0 %
18 19a	investment income percentage from 2016 331/8% support tests—2017. If the organ					18   ore than 33109	0 %
180	17 is not more than/331/a%, check this box						
b	331/3% support tests - 2016. If the organiz	ation did not cl	neck a box on I	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
00	line 18 is not more than 331,8%, check this l		_				_
_20_	Private foundation. If the organization di	a not check a l	oox on line 14,	19a, or 19b, c		and see instruc edule A (Form 990	,

## 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.)

<b>Jecu</b>	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ļ	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	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 <b>Part VI</b> when and how the organization made the determination.	3b		143
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4a 4b		
С	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		
5а	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			
b	was accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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		
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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	┝╩┤	$\dashv$	
	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 <b>Part VI</b> .	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 <b>Part VI</b> .	9b		
С	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 <b>Part VI.</b>	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		
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.)	10h	$\blacksquare$	

Part	Supporting Organizations (continued)		150	T
11	Has the expenientian eccented a gift or contribution from any of the following name of		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
a	below, the governing body of a supported organization?	11a	┪	1
b	A family member of a person described in (a) above?	11b		┼~
	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.	11c		1
	on B. Type I Supporting Organizations		<u>.                                    </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			T
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supporte	d		1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		ļ-—	<del></del>
2	Did the organization operate for the benefit of any supported organization other than the supported	1	╀─	├
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	l		1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	İ
	supervised, or controlled the supporting organization.	2	-	1
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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed	ļ		ļ
	the supported organization(s).			ļ
Sect	on D. All Type III Supporting Organizations	1	1	<u> </u>
0001	on Prairiye in copporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	1.00
	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			<u> </u>
	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		Ì	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	ļ	<b> </b>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	-	-
	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		
Secti	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	e instru	ction:	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.	1	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	ļ		اـــا
L	that these activities constituted substantially all of its activities.	2a		<del> </del> -
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 III the	•		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		jl
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		Ī
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ı tru	ust on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	]	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	П		
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6	i	
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 secunties	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		Î
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
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		<del> </del>
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		
4 Enter greater of line 2 or line 3.	4		<u> </u>
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions).	/ int	egrated Type III supporting	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(	<ol><li>Supporting Organ</li></ol>	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 ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
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	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
	(provide details in Part VI). See Instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			T
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016		·-	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)		·	
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			-
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
b	Excess from 2014			
С				
<u> </u>	Excess from 2016			
е	Excess from 2017			

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	tion A.2. Supported organization is a public charter school organized under the laws of the State of New Mexico.
	······································
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#### SCHEDULE K (Form 990)

### 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/form290.

Name of the organization

Employer Identification number

OMB No. 1545-0047

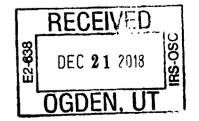
2017

	Bond Issues						····				
	(b) Issuer name (b) Issuer EIN	(c) CUSP #	(d) Date issued	(a) latus prior		(f) Descript	ion of purpose	80	Deficeed	(h) On behalf o	(a) Po
			-		_				s No	Yes N	Yes
\ P	ublic Finance Authority	74443D	2/5/2015	6,870,79	1.70 Consti	rustion of Pu	blic Charter Sc	hool		1	
										Ŀ	
;						•					
	Proceeds			· · · · · · · · · · · · · · · · · · ·							
				A		B	C	;		D	
1_	Amount of bonds retired	• • •	<u>  </u>	0			1		<del></del>		
<u>'</u> _	Amount of bands legally defeased	<u> </u>	• •	0			<u></u> _		<u>Ļ</u> .		
<u> </u>	Total proceeds of lasue	· · · ·	·	6,870,791 70			<u> </u>		↓		
	Gross proceeds in reserve funds		<u></u>	480,000.00							
	Capitalized interest from proceeds	· · ·	· ·	314,227.29			<u> </u>				
<u> </u>	Proceeds in refunding escrows		<u> </u>						<b>—</b>		
,	assuance costs from proceeds		• •	426,564 41			1		4		
	Credit enhancement from proceeds	<u> </u>	<u> </u>	0	_		L		Ь.		
	Working capital expenditures from proceeds			0			<u> </u>				
7	Capital expenditures from proceeds	• • •	<u> </u>	5,650,000			1		1		
	Other spent proceeds		<u> </u>	0							
	Other unspent proceeds			0			1				
_	Year of substantial completion			2016							
_			Yes	No	Yes	No	Yes	No	Y	88	No
	Were the bonds issued as part of a current refunding issue? .			•		<u> </u>	Li				
	Were the bonds issued as part of an advance refunding issue?			/					Ь.		
	Has the final allocation of proceeds been made?					1					
	Does the organization maintain adequate books and records			1			1			- 1	
	final allocation of proceeds?	<u> </u>	• • •			1	<u> </u>		<u> </u>		
	Private Business Use			•							
				A		В	C		<u> </u>	D	
	Was the organization a partner in a partnership, or a member of		Yes	No	Yes	No	Yes	No	Y	<b>es</b>	No
	which owned property financed by tax-exempt bonds?					<u> </u>			<u> </u>		
	Are there any lease arrangements that may result in private b										
	bond-financed property?	· · · ·	<del></del>				<u> </u>		┸		

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

Cat. No. 50193E

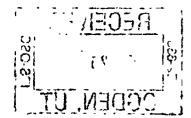
Schedule K (Form 990) 2018



			A		3		;		0
1	Has the Issuer filed Form 8038-T, Arbritage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty In Lieu of Arbitrage Rebate?		~						
2	If "No" to line 1, did the following apply?								
8	Rebate not due yet?	V							I
. 6	Exception to rebate?	-							
C	No rebete due?	1							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	la the bond issue a variable rate issue?								
42	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	1							
ь	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								1
	Was the hedge terminated?						_		

Schedule K (Form 990) 2018

Page 2



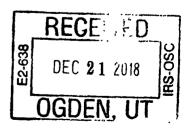
Arbitrage

Schedule K (Form 990) 2018

Private Business Use (Continued)

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 1.145-27

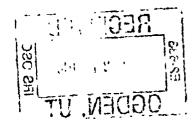
Schedule	K (Form 980) 2018								Page 3
	Arbitrage (Continued)								
			A	В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Se	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
Ь	Name of provider								
0	Term of GIC					1		t	
đ	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		7			<del> </del>	T	i	
	Were any gross proceeds invested beyond an available temporary period? .		-	<u> </u>		<del> </del>			
7	Has the organization established written procedures to monitor the		1	<del> </del>		ļ-		<del> </del>	
	requirements of section 148?		١ ,	!	ľ	{		1	(
	Procedures To Undertake Corrective Action		<del></del>			·	·		
		A 1		B		C		D	
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the	100	1.00	<del> </del>	<del>- ~~</del>	755		100	<del></del>
	voluntary closing agreement program if self-remediation isn't available under		1	1		1	•	1	1
	applicable regulations?		٠ ـ	1		1		1	i
	Supplemental Information, Provide additional information for resp	nonees to	Augetions	on Schedu	lo K See i	netructions	L	ь	<u> </u>
The ho	nds were issued to construct a local state authorized public charter school facility.							he Ask Acad	emy The
	has been completed and students are attending the public charter school. All proce								
bonds	the occurrence of the state of	7003 01 (165	Della Lavo II	0011 0000 1111	NO COLEDO AC	20,1210 111 41	on prisoned a	7B7 418 101 1110	<del></del>
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Schadule K (Form 990) 2018

Schedule K (F	orm 990) 2018	Page 4
	Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (Continued)	
		·
•		

Schedule K (Form 980) 2016



## SCHEDÜLE 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**ASK Academy Education Foundation** 

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

27-4508062

Part V
3b No, the foundation did not receive additional net income over \$1,000
14b - The foundation did not receive payments for tanning services.
Part VI Section B. Policies
11b - The Form 990 was drafted and submitted to the Board President and Treasurer/Director. These officers reviewed the draft and a final
was approved, signed and submitted A copy was presented to the members of the Board
12c - The organization is a small entity and conflicts of interest are constantly monitored as the foundation is annually audited as a
component unit of a public charter school. The auditors also review for conflicts of interest
19 - All documents are available at the public charter school offices
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