

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

**2019**

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

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**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

**B** Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **ACE DEVELOPMENT FUND, INC**

Number and street (or P O box if mail is not delivered to street address) **1027 Daisy Lane SW** Room/suite **03**

City or town, state or province, country, and ZIP or foreign postal code **Tumwater, WA 98512**

**D** Employer identification number **27-1923757**

**E** Telephone number **360-352-1031**

**F** Group Exemption Number ▶ **?**

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **?**

**I** Website: ▶ **ww.acedevelopmentfund.org**

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **?**

Check if the organization used Schedule O to respond to any question in this Part I

<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	51,131
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	0
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	0
<b>4</b>	Investment income . . . . .	<b>4</b>	1
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
<b>6</b>	Gaming and fundraising events:		
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	0
<b>b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	0
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>	0
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	0
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	<b>9</b>	51,131
<b>10</b>	Grants and similar amounts paid (list in Schedule O) <b>RECEIVED IN CORRES</b> . . . . .	<b>10</b>	42,394
<b>11</b>	Benefits paid to or for members <b>IRS - QSC - 08</b> . . . . .	<b>11</b>	0
<b>12</b>	Salaries, other compensation, and employee benefits <b>?</b> . . . . .	<b>12</b>	0
<b>13</b>	Professional fees and other payments to independent contractors <b>NOV 08 2020</b> . . . . .	<b>13</b>	0
<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	0
<b>15</b>	Printing, publications, postage, and shipping <b>OGDEN, UTAH</b> . . . . .	<b>15</b>	0
<b>16</b>	Other expenses (describe in Schedule O) <b>?</b> . . . . .	<b>16</b>	11,972
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 ▶	<b>17</b>	54,366
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	-3,233
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	28,752
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	<b>21</b>	25,519

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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2019)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2019) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and descriptions.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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 . . . . .	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer: Elizabeth Cochrane Date: July 14, 2020

Type or print name and title: Elizabeth Cochrane, President

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no	
Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization <b>ACE DEVELOPMENT FUND INC</b>	Employer identification number <b>27-1923757</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	59,821	36,583	36,730	62,945	51,131	247,210
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	59,821	36,583	36,730	62,945	51,131	247,210
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	59,821	36,583	36,730	62,945	51,131	247,210
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						282,863
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	100 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	100 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

ACE DEVELOPMENT FUND INC

Employer identification number

27-1923757

Form 990-EZ, Part 1, Line 16, Other Expense

Description of Other Expenses Amount

\* Computer Hosting/conference calls \$2007 21

\* Meetings & travel \$9364 41

\* Miscellaneous \$450 17

TOTAL \$11972

FORM 990-ez, Part 1, Line 10 (Grants and similar amounts paid) (in excess of \$5,000)

YWAM Lonavala Project

\* Class of activity donation for building expenses

\* Amount \$ 5432

\* Address 105 56 Anand Business Centre, GN Chetty Rd, T Nagar, Chennai 600017 Tamilnau, India, IN

\* Relationship of the grantee In partner organization

Sundara Freedom

\* Class of activity loan for business startup

\* Amount \$ 10725

\* Address 1901 E 4th Street #100 Santa Ana, CA 92705, USA

\* Relationship of the grantee: none

Blaunchers Industries Inc

\* Class of activity loan for business startup

\* Amount \$ 19500

\* Address 505 - 1688 Pullman Porter Street, Vancouver, BC V6A 0H3, Canada

\* Relationship of the grantee none

Name of the organization <b>ACE DEVELOPMENT FUND INC</b>	Employer identification number <b>27-1923757</b>
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FORM 990-EZ, Part III, Primary Purpose to promote economic and special development in less developed communities and provide humanitarian assistance to the poor and suffering

FORM 990-EZ, Part III, Lines 28-30 Program Service Accomplishments

\* Community Development Consultants and Services events/activities

\* One event in Canada to raise awareness of opportunities to get involved in community development (attendance approximately 100)

\* One event in Thailand to raise awareness of opportunities to get involved in community development (attendance approximately 200)

\* 3 grants to various partner organizations in India

\* 2 loans to businesses with community development goals/objectives

\* Ace also had an event in Seattle (Bellevue), Washington during 2019 with about 100 people attending

FORM 990-EZ, Part V Information regarding personal benefit contract

\* The organization did not, during the year, receive any funds, directly or indirectly to pay premiums on a personal benefit contract

\* The organization did not, during the year, pay any premiums, directly or indirectly on a personal benefit contract