Return of Organization Exempt From Income Tax

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.

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2022 calendar year, or tax year beginning U	L 1, 2022 and	ending J	UN 30,	2023			
	Check if applicable	C Name of organization			D Emp	oloyer ide	ntificat	tion number	
	Addres								
	Name change	D AGE GGUOLADGUIDG			1 :	84-1531	066		
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Tele	phone nui	mber		
	Final return/	5251 DTC PARKWAY, SUITE 1150	,			3-573-1			
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross	receipts \$		88,537	,021.
	Ameno return		•		H(a) Is	this a gro	up retur	rn	
	Application	F Name and address of principal officer: NORTO	N RAINEY		for	subordin	ates?	Yes 🖸	X No
	pendin	SAME AS C ABOVE			1	all subordina			No
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527] If '	'No," atta	ch a list	t. See instruction	าร
J	Websit	e: WWW.ACESCHOLARSHIPS.ORG			H(c) Gr	oup exem	ption n	ıumber	
ΚI	Form of	organization: X Corporation Trust Ass	sociation Other	L Year	of formati	on: 2000	M S	state of legal domic	cile: CO
P		Summary							
ď	1	Briefly describe the organization's mission or most	significant activities: THE ORG	GANIZATIO	ON'S MI	SSION I	S TO		
Governance		PROVIDE LOWER-INCOME FAMILIES WITH THE	POWER OF EDUCATION CH	OICE.					
rna	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25%	% of its ne	t assets	S.	
ove.	3	Number of voting members of the governing body (3		13
ر ص	4	Number of independent voting members of the government					4		13
es	5	Total number of individuals employed in calendar ye					5		46
Activities &	6	Total number of volunteers (estimate if necessary)					6		60
Act	7 a	Total unrelated business revenue from Part VIII, colu					7a		0.
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	·····			7b	0	0.
			r Year	02	Current Yea				
ē	8	Contributions and grants (Part VIII, line 1h)		5,738,7		54,188			
Revenue	9					7.0	0.	0.00	0.
Вè	10	Investment income (Part VIII, column (A), lines 3, 4,				-76,6 -339,7			2,375. 7,087.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			2	5,322,2		54,763	
_		Total revenue - add lines 8 through 11 (must equal F				9,2		· · · · · · · · · · · · · · · · · · ·	
	1	Grants and similar amounts paid (Part IX, column (A				9,2	0.	30,634	0.
	45	Benefits paid to or for members (Part IX, column (A)				2,141,8		5 509),157.
Expenses	15	Salaries, other compensation, employee benefits (P Professional fundraising fees (Part IX, column (A), lir				2,111,0	0.	3,303	0.
Sen	h	Total fundraising expenses (Part IX, column (D), line			•••				
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d,	•			2,230,1	86.	4 983	3,290.
		Total expenses. Add lines 13-17 (must equal Part IX				4,381,3		41,127	
		Revenue less expenses. Subtract line 18 from line 1				0,940,8		13,636	
or or		Torondo roco orponeco. Casract mio ro nom mio		Ве		Current Y		End of Yea	
Net Assets or	20	Total assets (Part X, line 16)			7	2,358,3	17.	86,558	3,830.
Ass	21	Total liabilities (Part X, line 26)				652,8	15.	1,106	,298.
Net	22	Net assets or fund balances. Subtract line 21 from I	ine 20		7	1,705,5		85,452	2,532.
Pi	art II	Signature Block							
Unc	ler pena	lties of perjury, I declare that I have examined this return, i	including accompanying schedules	s and stateme	ents, and t	o the best o	of my kn	owledge and belie	f, it is
true	, correc	t, and complete. Declaration of preparer (other than officer	r) is based on all information of wh	nich preparer	has any ki	nowledge.			
Sig	n	Signature of officer				Date 05/0	08/2024	L	
Hei	re	/ Vike Protebol				05/0	70/2021	•	
		Type or print name and title MIKE PRITCHARD, C	CFO						
		* * * *	Preparer's signature		Date	Chec	k	PTIN	
Pai			RYAN C. HARRIS	0	5/06/24		employed	P00614618	
	parer	Firm's name PLANTE & MORAN, PLLC				Firm's EIN	38	-1357951	
Use	Only	Firm's address 8181 E TUFTS AVE, SUITE 60	U				202 -	40.0:55	
_		DENVER, CO 80237				Phone no.	303-7		
Ma	v the IF	RS discuss this return with the preparer shown above	e? See instructions					X Yes	No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ORGANIZATION'S MISSION IS TO PROVIDE CHILDREN OF LOWER-INCOME	
	FAMILIES WITH SCHOLARSHIPS TO PRIVATE SCHOOLS IN GRADES K-12 AND TO	
	ADVOCATE FOR EXPANDED SCHOOL CHOICE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	* .
	revenue, if any, for each program service reported.	cxpcriscs, and
 4а	(Code:) (Expenses \$ 34 ,884 ,910. including grants of \$ 30 ,634 ,746.) (Revenue \$	
4 a	ACE ADMINISTERS TWO SCHOLARSHIP PROGRAMS: A PRIVATELY FUNDED PROGRAM	
	IN COLORADO, MONTANA, KANSAS, TEXAS, WYOMING, ARKANSAS, DELAWARE, NEW	
	MEXICO, UTAH, MISSISSIPPI AND MISSOURI, AND A TAX CREDIT SCHOLARSHIP	
	PROGRAM IN LOUISIANA, ARKANSAS, MONTANA AND KANSAS (SGO).	
	(CONTINUED ON SCHEDULE O.)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 34,884,910.	•
	<u> </u>	Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U				x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		x
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		x
٨	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	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	X	—
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	·	20a 20b		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		\vdash
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		X

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Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
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	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	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	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	21	
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Oncore if Concordic Cocontains a response of note to any line in this rait v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	.40
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

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Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
d	, , , , , , , , , , , , , , , , , , , ,	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization file rottin 8699 as required?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ť		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources 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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			.,,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_v
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		\vdash^{\wedge}
17	If "Yes," complete Form 4720, Schedule O. Section F01/oV21) arganizations. Did the trust, or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069.	17		
	II 163. COMDICTO FUTITIONS.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

800						X
Sec	tion A. Governing Body and Management					T
		1.1	ا د 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		[3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or		··· [
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		···			
_	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		···	1.0		
	The governing body?		ı	8a	Х	
b				8b	X	
			····	OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		x
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
366	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			V	N.
40-	Did the averagination have least shorters by another ay officiate.		ſ	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		⊦	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics.	• • •		401		
		. Is a facility of the angle of the control of the		10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	'	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		- 1		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		}	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	es," describe				
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	ll by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a				
	taxable entity during the year?]	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AR, KS, UT, NM, MS					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	, and	financ	cial	
	statements available to the public during the tax year.	. •				
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records				
	MIKE PRITCHARD - 303-407-0628					
	5251 DTC PARKWAY, SUITE 1150, GREENWOOD VILLAGE, CO 80111					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	T	IIIZA		C)	ipci	Jac	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than o	ono	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both r/trus	n an	compensation	compensation	amount of
	week	-	Cer ai	lu a u	recto	l / ii us	lee)	from the	from related	other
	(list any hours for	direct				9		organization	organizations (W-2/1099-MISC/	compensation from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NORTON RAINEY	40.00	<u> </u>	=	0	~	王屯	Œ			
CEO				х				409,023.	0.	40,993.
(2) KAREN FARRAND	40.00									
CHIEF FINANCIAL OFFICER				х				252,649.	0.	25,641.
(3) MELISSA LANDRY	40.00									
PRESIDENT, LOUISIANA						Х		226,225.	0.	13,105.
(4) ERIK BILLINGER	40.00									
WESTERN REGIONAL PRESIDENT						Х		175,821.	0.	40,210.
(5) SHARON ROGERS	40.00	1								
VP OF DEVELOPMENT, HOUSTON						Х		152,350.	0.	48,280.
(6) MIKE COLEMAN	40.00	1								
CHIEF PROGRAM OFFICER						Х		181,161.	0.	14,414.
(7) BRITTANI O'BRIEN	40.00	1								
VP OF DEVELOPMENT, CO						Х		166,937.	0.	24,464.
(8) JASON DIFRAIA (8/2022)	40.00	1								
PRESIDENT				Х				117,407.	0.	11,936.
(9) JOE SMITH	1.00	1								
CHAIRMAN		Х		Х				0.	0.	0.
(10) TOM ZANECCHIA	1.00	1								
TREASURER		Х		Х				0.	0.	0.
(11) SCOTT MCLEAN	1.00	4							_	_
DIRECTOR		Х		Х		_		0.	0.	0.
(12) LISA WALSH	1.00	l								
VICE CHAIRMAN	1 00	Х		Х				0.	0.	0.
(13) JERRY SOMMER	1.00	∤							_	
DIRECTOR	1 00	Х	_			_		0.	0.	0.
(14) ALEX CRANBERG	1.00	١,,							_	_
DIRECTOR (A.S.) FRAGE WORDS IN	1 00	Х						0.	0.	0.
(15) ERIC KOEPLIN DIRECTOR	1.00	x						0	0.	0
	1.00	^						0.	٠.	0.
(16) MATT TURNER SECRETARY	1.00	х		х				0.	0.	_
(17) MIKE WARD	1.00	<u> </u>		Α.				1	· · · · · · · · · · · · · · · · · · ·	0.
DIRECTOR	1.00	x						0.	0.	0.
232007 12-13-22	<u> </u>	1					<u> </u>	<u> </u>	· ·	Form 990 (2022)

232007 12-13-22

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Part VII Section A. Officers, Directors, Tru	ustees, Key Emp	oloy	ees,	and	j Hi	ghes	st Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	(do not check more than one box, unless person is both an					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) BERT WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(19) LIZ WRIGHT DIRECTOR	1.00	Х						0.	0.	0.
(20) RICK SCHMITZ	1.00									
DIRECTOR		х						0.	0.	0.
(21) DEBORAH FLORA DIRECTOR	1.00	х						0.	0.	0.
								4 504 553		242.242
1b Subtotal								1,681,573.	0.	219,043.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								1,681,573.	0.	0. 219,043.
								, ,		217,013.
2 Total number of individuals (including but	not limited to th	ose	ııste	d at	oove	e) wh	o re	ceived more than \$100,	uuu of reportable	0

compensation from the organization

Yes Nο Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within	n the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
ZENO FUNDRAISING SOLUTIONS		
215 MAIN ST, SAUSALITO, CA 94965	CONSULTANT	144,391.
2 Total number of independent contractors (including but not limited to those listed	above) who received more than	

Form 990 (2022)

\$100,000 of compensation from the organization

Form 990 (2022) ALLIANCE Form Part VIII Statement of Revenue

		Check if Schedule O contains a response o	or note to any lin	e in this Part VIII			
			,,,,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
တ္ထ	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ ق		Fundraising events 1c	3,856,350.				
ffs,		d Related organizations 1d	0,000,000.				
ig ig							
Sir		Government grants (contributions)					
utic er	1	All other contributions, gifts, grants, and	50 331 717				
들 된			50,331,717. 743,943.				
o d		Noncash contributions included in lines 1a-1f	743,943.	EA 100 067			
<u>0</u> 8		1 Total. Add lines 1a-1f		54,188,067.			
		•	Business Code				
Se	2 8	a					
e Z	ı	·					
S c	•	·					
e a	(d					
Program Service Revenue	•	e					
4	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		991,177.			991,177.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 8	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 33,179,438.					
		Less: cost or other basis					
ō		and sales expenses 7b 33,188,240.					
enc		Gain or (loss) 7c -8,802.					
her Revenue		d Net gain or (loss)		-8,802.			-8,802.
포		a Gross income from fundraising events (not					
	0 (including \$ 3,856,350. of					
Ò		contributions reported on line 1c). See					
		•	155,025.				
		,	585,426.				
			303,120.	-430,401.			-430,401.
		Net income or (loss) from fundraising events		155,461.			130, 401.
	9 7	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
-	•	Net income or (loss) from sales of inventory					
က္			Business Code				
e e	11 :	MISCELLANEOUS INCOME	900099	23,314.			23,314.
Miscellaneous Revenue	I	·					
le Sel	(·					
Ais	(d All other revenue					
		Total. Add lines 11a-11d		23,314.			
	12	Total revenue. See instructions		54,763,355.	0.	0.	575,288.

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	30,634,746.	30,634,746.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	1,262,461.	405,797.	415,369.	441,295
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 Other salaries and wages	3,483,237.	1,436,650.	573,417.	1,473,170
8 Pension plan accruals and contributions (include	444 500	40.050	10 671	EB E6.
section 401(k) and 403(b) employer contributions)	111,533.	43,268.	10,671.	57,594
9 Other employee benefits	330,747.	125,896.	62,791.	142,060
10 Payroll taxes	321,179.	121,049.	65,791.	134,339
11 Fees for services (nonemployees):				
a Management	C4 C04		54 504	
b Legal	64,601.		64,601.	
c Accounting	68,025.	406.003	68,025.	
d Lobbying	496,823.	496,823.		
e Professional fundraising services. See Part IV, line 17	62.120		62.120	
f Investment management fees	62,129.		62,129.	
g Other. (If line 11g amount exceeds 10% of line 25,	1 510 100	607.000	210 602	602 456
column (A), amount, list line 11g expenses on Sch O.)	1,512,126.	697,988.	210,682.	603,456
12 Advertising and promotion	1,326,000.	275,010.	27.446	1,050,990
13 Office expenses	171,095.	75,857.	27,446.	67,792
14 Information technology	270,199.	125,237.	81,189.	63,773
15 Royalties	147 626	69 672	44 640	24 205
16 Occupancy	147,626.	68,672.	44,649.	34,305
17 Travel	325,949.	149,152.	37,870.	138,927
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	53,475.	20 007	7 462	15,116
19 Conferences, conventions, and meetings	55,475.	30,897.	7,462.	15,116
20 Interest				
Payments to affiliates	31,525.	14,675.	9,548.	7,302
22 Depreciation, depletion, and amortization	43,539.	20,268.	13,186.	10,085
	45,555.	20,200.	13,100.	10,003
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a COMMUNITY OUTREACH	131,823.	131,823.		
b INKIND CONTRIBUTIONS	130,945.	, .		130,945
c CREDIT CARD FEES	72,144.		72,144.	,
d PROFESSIONAL DEVELOPMEN	56,251.	25,993.	16,799.	13,459
e All other expenses	19,015.	5,109.	10,374.	3,532
25 Total functional expenses. Add lines 1 through 24e	41,127,193.	34,884,910.	1,854,143.	4,388,140
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)				

Form 990 (2022) Part X | Balance Sheet

Part	Х	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			33,038,525.	1	3,045,554
	2	Savings and temporary cash investments			19,274,841.	2	71,294,06
	3	Pledges and grants receivable, net		19,765,273.	3	11,602,59	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Donat side of the second side of			142,177.	9	149,44
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	307,347.			
	b	Less: accumulated depreciation	. 10b	210,584.	132,501.	10c	96,76
	11	Investments - publicly traded securities				11	
.	12	Investments - other securities. See Part IV, line	11			12	
.	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
.	15	Other assets. See Part IV, line 11	5,000.	15	370,40		
	16	Total assets. Add lines 1 through 15 (must ed			72,358,317.	16	86,558,83
-	17	Accounts payable and accrued expenses		508,561.	17	621,38	
.	18	Grants payable		18			
.	19	Deferred revenue				19	
:	20	Tax-exempt bond liabilities			20		
:	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
<u>ي</u> ا	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Ĭ		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
- :	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
2	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
2	25	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			144,254.	25	484,918
:	26				652,815.	26	1,106,29
,,		Organizations that follow FASB ASC 958, cl	neck her	e X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>ia</u> :	27	Net assets without donor restrictions			4,977,056.	27	17,580,68
2 2	28	Net assets with donor restrictions			66,728,446.	28	67,871,840
בו		Organizations that do not follow FASB ASC	958, che	eck here			
Ī		and complete lines 29 through 33.					
ပ္မွ ၂ ဒ	29	Capital stock or trust principal, or current fund				29	
es:	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
<u>۽</u> ا	32	Total net assets or fund balances		<u> </u>	71,705,502.	32	85,452,532
. ;	33	Total liabilities and net assets/fund balances			72,358,317.	33	86,558,830 Form 990 (202

	Check if Schedule O contains a response or note to any line in this Part XI				Х
1 To	tal revenue (must equal Part VIII, column (A), line 12)	1	54	,763,	355.
2 To	tal expenses (must equal Part IX, column (A), line 25)	2	41	,127,	193.
3 Re	venue less expenses. Subtract line 2 from line 1	3	13	,636,	162.
4 Ne	t assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71	,705,	502.
5 Ne	5 Net unrealized gains (losses) on investments				
6 Do	nated services and use of facilities	6			
	estment expenses	7			
	or period adjustments	8			
9 Otl	ner changes in net assets or fund balances (explain on Schedule O)	9		-10,	880.
10 Ne	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	umn (B))	10	85	,452,	532.
Part X	III Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 Ac	counting method used to prepare the Form 990: Cash X Accrual Other				
If t	he organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a We	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
If "	Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
ser	parate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b We	ere the organization's financial statements audited by an independent accountant?		2b	Х	
If "	Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
COI	nsolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
review, or compilation of its financial statements and selection of an independent accountant?					
If t	he organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					Х
b If "	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit			
	audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

SCHEDULE A

(Form 990)

Total

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.

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization **Employer identification number** ALLIANCE FOR CHOICE IN EDUCATION 84-1531066 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	30,930,283.	37,550,416.	34,271,055.	25,738,703.	54,188,067.	182,678,524.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	30,930,283.	37,550,416.	34,271,055.	25,738,703.	54,188,067.	182,678,524.
5	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	, ,
Ŭ	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,						
							20,303,212.
6							162,375,312.
	Public support. Subtract line 5 from line 4.						102,373,312.
		(-) 0010	(h) 0010	(-) 0000	(-1) 0001	/s) 0000	(s) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018 30,930,283.	(b) 2019 37,550,416.	(c) 2020 34, 271, 055.	(d) 2021 25,738,703.	(e) 2022 54,188,067.	(f) Total 182,678,524.
	Amounts from line 4	30,930,203.	37,330,410.	34,271,033.	25,750,705.	34,100,007.	102,070,324.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	160 053	100 630	60 104	00 531	001 155	1 424 545
	and income from similar sources	162,253.	180,632.	69,124.	28,531.	991,177.	1,431,717.
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.)	4,873.	500.	12,248.	9,414.	23,314.	
11	Total support. Add lines 7 through 10						184,160,590.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (li					14	88.17 %
	Public support percentage from 2021					15	88.46 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	17a 10% -facts-and-circumstances test - 2022. 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	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	· ·	•				
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
				,,,	,		(Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) Total
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2021 Schedule A, Part III, line 17						
19a	33 1/3% support tests - 2022. If the						7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•			
	line 18 is not more than 33 1/3%, che	ck this box and sf	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization						一

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	9a		
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	9b		
	30		
	9с		
	10a		
	. 54		
	10b		
_		~ 000	

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			.,,,
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	oxdot	
Sec	tion C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	ti dotion	Yes	No
a	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
b	· · · · · · · · · · · · · · · · · · ·			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh-		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		3b		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	JD	, !	İ

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
	instructions).			,

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		•	Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4						
_5	Qualified set-aside amounts (prior IRS approval required - pro	5						
_6	Other distributions (describe in Part VI). See instructions.		6	i				
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2022 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
<u>a</u>	From 2017							
<u>b</u>	From 2018							
c	From 2019							
d	From 2020							
е	From 2021							
<u>f</u>	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2022 distributable amount							
<u>_i</u>	Carryover from 2017 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u> </u>	Applied to 2022 distributable amount							
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
<u>a</u>	Excess from 2021 Excess from 2022							

Schedule A (Form 990) 2022 ALLIANCE FOR CHOICE IN EDUCATION	84-1531066	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2018 AMOUNT: \$ 4,873.		
2019 AMOUNT: \$ 500.		
2020 AMOUNT: \$ 12,248.		
2021 AMOUNT: \$ 9,414.		
2022 AMOUNT: \$ 23,314.		

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Name of the organization ALLIANCE FOR CHOICE IN EDUCATION 84-1531066 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

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Name of organization Employer identification number

ALLIANCE FOR CHOICE IN EDUCATION

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Hame, address, and zin T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

ALLIANCE FOR CHOICE IN EDUCATION

84-1531066

	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7			Person X	
			Person X Payroll	
		\$ 1,208,333.	Noncash	
			(Complete Part II for	
			noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
			Person	
			Payroll	
		\$	Noncash	
			(Complete Part II for	
			noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
			Davaan	
			Person Payroll	
		\$	Noncash	
			(Complete Part II for	
			noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
			Person	
			Payroll	
		\$	Noncash	
			(Complete Part II for	
			noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
			B	
			Person Payroll	
		\$	Noncash	
			(Complete Part II for	
			noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
			Person	
			Payroll	
		\$	Noncash	
			(Complete Part II for	

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

ALLIANCE FOR CHOICE IN EDUCATION 84-1531066

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Schedule B (Form 990) (2022)

Name of or	rganization			Employer identification number			
ALLIANCE	FOR CHOICE IN EDUCATION			84-1531066			
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cuse duplicate copies of Part III if additional s	through (e) and the following line er haritable, etc., contributions of \$1,000 or	try. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
		(e) Transfer of g	ift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
		(e) Transfer of g	ft				
_	Transferee's name, address, and ZIP + 4		Relationship of	transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
-		(e) Transfer of g	<u> </u>				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee			

SCHEDULE C

(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Political Campaign and Lobbying Activities

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Name of orga	poir(c)(4), (5), or (6) organization	ions. Complete Part III.		E.	mployer identification number
Mairie of Orga		OR CHOICE IN EDUCATION			84-1531066
Part I-A		anization is exempt und	er section 501(c)	or is a section 527	
1 Provide2 Political	a description of the organiz campaign activity expendit	ation's direct and indirect politic ures gn activities	al campaign activities in	n Part IV.	\$
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3	3).	
2 Enter th3 If the or4a Was a c	e amount of any excise tax e amount of any excise tax ganization incurred a sectio orrection made?	incurred by the organization und incurred by organization manag n 4955 tax, did it file Form 4720	der section 4955 ers under section 4955 for this year?		\$ Yes
Part I-C	describe in Part IV. Complete if the ord	anization is exempt und	er section 501(c).	except section 501	I(c)(3).
2 Enter th exempt	e amount directly expended e amount of the filing organ function activities	by the filing organization for se ization's funds contributed to ot	ction 527 exempt functi her organizations for se	ion activities ction 527	. , . ,
		. Add lines 1 and 2. Enter here a			•
		1120-POL for this year?			
5 Enter th made pa contribu	e names, addresses and en ayments. For each organiza tions received that were pro	inployer identification number (El tion listed, enter the amount pai comptly and directly delivered to additional space is needed, prov	N) of all section 527 pol d from the filing organiz a separate political orga	itical organizations to wh ation's funds. Also enter unization, such as a sepa	nich the filing organization the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds. If none, enter	contributions received and

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

Schedule C (Form 990) 2022

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84-1531066	66
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Schedule C (Form 990) 2022			CE IN EDUCATION	F04/-\/0\ file		531066 Page 2
Part II-A Complete if the or section 501(h)).	rganizatio	n is exen	ipt under section	501(c)(3) and file	a Form 5/68 (ele	ction under
	zation belon	as to an affil	iated group (and list in	Part IV each affiliated	group member's name	e. address. EIN.
expenses, and sh		-			9 1	-,,,
		, ,	d "limited control" pro	visions apply.		
Liı	nits on Lob	bying Exper	•	положе другу.	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to ir	nfluence pub	lic opinion (c	urassroots lobbying)		34,778.	
b Total lobbying expenditures to in	•		, , ,		462,045.	
c Total lobbying expenditures (add			, , , , , , , , , , , , , , , , , , , ,		496,823.	
d Other exempt purpose expenditi					36,676,924.	
e Total exempt purpose expenditu					37,173,747.	
f Lobbying nontaxable amount. E					1,000,000.	
If the amount on line 1e, column (a			bying nontaxable amo			
Not over \$500,000	, , , , , ,		the amount on line 1e.			
Over \$500,000 but not over \$1,0	000.000		0 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1			0 plus 10% of the exce			
Over \$1,500,000 but not over \$1			0 plus 5% of the exces			
Over \$17,000,000		\$1,000,0	•	. , ,		
g Grassroots nontaxable amount (enter 25% of	f line 1f)			250,000.	
h Subtract line 1g from line 1a. If z	ero or less, e	enter -0-			0.	
i Subtract line 1f from line 1c. If ze	ero or less, e	nter -0			0.	
j If there is an amount other than	zero on eithe	er line 1h or l	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for th	is year?					Yes No
		4-Year Ave	raging Period Under	Section 501(h)		
(Some organizations	that made	a section 50)1(h) election do not h	nave to complete all o	f the five columns be	elow.
	Se	e the separa	ate instructions for lin	es 2a through 2f.)		
	Lob	bying Exper	ditures During 4-Yea	r Averaging Period		_
Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1	,000,000.	1,000,000.	292,929.	1,000,000.	3,292,929.
b Lobbying ceiling amount (150% of line 2a, column(e))						4,939,394.
c Total lobbying expenditures		258,437.	324,080.	200,415.	496,823.	1,279,755.
d Grassroots nontaxable amount		250,000.	250,000.	73,232.	250,000.	823,232.

Schedule C (Form 990) 2022

34,778.

1,234,848.

86,119.

21,736.

14,029.

15,576.

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f tha l	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	,
n un e n	obbying activity.	Yes	No	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or				
le	ocal legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a∖	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	f "Yes," enter the amount of any tax incurred under section 4912				
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	2 FO1/2\/F\	0r 000	tion	
- 111	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1(0)(5)	, or sec	tion	
<u> </u>					
<u> </u>	X X Z			Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		. 1	Yes	N
1 V				Yes	N
1 V 2 [Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5)	2 3 , or sec	tion	
1 V 2 [3 [Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) No" OR (t	, or sec b) Part I	tion	
1 V 2 [3 [Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) No" OR (t	, or sec b) Part I	tion	
1 V 2 C 3 C 2 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior year? 1 501(c)(5) No" OR (b	g , or sec o) Part I	tion	
1 W 2 [3] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	e prior year? 1 501(c)(5) No" OR (b	2 3 , or sec b) Part I	tion	
1 V 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) No" OR (b	2 3 , or sec b) Part I	tion	
1 V 2 [3] Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) No" OR (b	2 3 , or sec b) Part I	tion	
1 V 2 [3 [Part] 1 [6 c] 6 c] 7 3 A	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section \$01(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? 1 501(c)(5) No" OR (b	2 3 , or sec b) Part I	tion	3, is
11 V 22 [33 [2art] 11 [22 [5	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the substantial state of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the sum of \$501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? 1 501(c)(5) No" OR (b	2 3 , or sec b) Part I	tion	
11 V 22 [33 [2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the substantial sequence of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the sum of substantial sequence of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the sum of substantial sequence of substantial se	e prior year? 1 501(c)(5) No" OR (b	2 3, or sec b) Part I	tion	
11 V 22 [33 [2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the substantial state of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the sum of \$501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? 1 501(c)(5) No" OR (k	2 3, or sec b) Part I	tion	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ALLIANCE FOR CHOICE IN EDUCATION

Employer identification number

84 - 1531066

Par	t I Organizations Maintaining Donor Advised Fo	unds or Other Simil	ar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised fur	nds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in	donor advised fund	ls
	are the organization's property, subject to the organization's exclusive	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advise	ors in writing that grant fo	unds can be used or	nly
	for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any oth	ner purpose conferri	ng
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organiz	zation answered "Yes" or	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (c	heck all that apply).		
	Preservation of land for public use (for example, recreation	or education) Pro	eservation of a histo	rically important land area
	Protection of natural habitat	Pro	eservation of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution	in the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired after			
_				
3	Number of conservation easements modified, transferred, release	ed, extinguished, or termi	nated by the organiz	zation during the tax
	year			
4	Number of states where property subject to conservation easeme		la a a all'an ar a f	
5	Does the organization have a written policy regarding the periodic		-	Yes No
6	violations, and enforcement of the conservation easements it hold Staff and volunteer hours devoted to monitoring, inspecting, hand		aforcing conservation	
U	Stan and volunteer riodrs devoted to monitoring, inspecting, name	alling of violations, and er	norchig conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforci	ng conservation eas	sements during the year
•	7 thount of expenses mounted in mornioning, inspecting, harding	or violations, and emore	ng conscivation cas	ornanta danng tria yadi
8	Does each conservation easement reported on line 2(d) above sat	tisfy the requirements of	section 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ea			
	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	3		
Par		t, Historical Treasu	res, or Other Si	imilar Assets.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, no	ot to report in its revenue	statement and bala	ince sheet works
	of art, historical treasures, or other similar assets held for public e	exhibition, education, or r	esearch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial	statements that describe	es these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue stat	tement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exh	ibition, education, or rese	earch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treasure			
	the following amounts required to be reported under FASB ASC 9	958 relating to these item	s:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2022

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	Assets	(conti	nuea	/)
3	Using the organization's acquisition, accession								,		
	collection items (check all that apply):										
а	Public exhibition	d	ı 🗌	Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other ass	ets not in	ncluded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	ıt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ıstodial accou	unt liabilit	y?	L	Yes	Ļ	No
	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Pai	t V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three y	ears back	(e) Fou	r yea	rs back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the)				
	organization by:									Yes	No_
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		\bot
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		-		T T	•					
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation	ed	(d) Boo	k va	lue
1a	Land										
	Buildings										
	Leasehold improvements				126,250.		49,	616.		76	,634.
	Equipment	I			56,005.		36,	520.		19	,485.
	Other				125,092.		124,	448.			644.
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	Oc.)					96	763.
			-					Schedule	D (Forr	n 99	0) 2022

Schedule D (Form 990) 2022 ALLIANCE FOR CHOIC	CE IN EDUCATION	8	4-1531066 Page 3
Part VII Investments - Other Securities.	- Farm 000 Bart IV list	Adda One Ferra 200 Book V. Kee 40	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives	(b) Book value	(c) Welfied of Valuation. Gost of en	d of year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (C)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(b) Metrica er variation: eest er en	a or your market value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			
(7)			
(8)		+	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. ccc r om ccc, r are x, inic re.	(b) Book value
··	- Coonpaint		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	45.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 2	ξ.
(a) Description of liability	111 0111 000, 1 411 14, 11110	5 110 01 111. 000 1 0111 000, 1 art X, iii 0 20	(b) Book value
1			(b) Book value
(1) Federal income taxes (2) LEASE LIABILITIES			484,918.
<u> </u>			101,510.
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			404 010
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		484,918.

232053 09-01-22

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Complete if the organization answered "Yes" on Form 990, Part IV,				55 470 520
			1	55,470,529.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	101 740		
a Net unrealized gains (losses) on investments		121,748.		
b Donated services and use of facilities				
c Recoveries of prior year grants		585,426.		
d Other (Describe in Part XIII.)	•		00	707,174.
e Add lines 2a through 2d			2e 3	54,763,355.
3 Subtract line 2e from line 14 Amounts included on Form 990. Part VIII. line 12. but not on line 1:			3	31,703,333.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1:			5	54,763,355.
Part XII Reconciliation of Expenses per Audited Financial S	tatements With E	xpenses per F		
Complete if the organization answered "Yes" on Form 990, Part IV,		•		
			1	41,723,499.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	•••••		-	
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		596,306.		
e Add lines 2a through 2d		•	2e	596,306.
3 Subtract line 2e from line 1			3	41,127,193.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			5	41,127,193.
Part XIII Supplemental Information.	10.)		5	41,127,133.
				•
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		, ,
	I 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	I 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a Part XI, Line 2D - OTHER ADJUSTMENTS:	I 4; Part IV, lines 1b ar any additional informa	d 2b; Part V, line 4 tion.	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	I 4; Part IV, lines 1b ar any additional informa	nd 2b; Part V, line 4	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a Part XI, Line 2D - OTHER ADJUSTMENTS:	I 4; Part IV, lines 1b ar any additional informa	d 2b; Part V, line 4 tion.	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a Part XI, Line 2D - OTHER ADJUSTMENTS:	I 4; Part IV, lines 1b ar any additional informa	d 2b; Part V, line 4 tion.	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE	I 4; Part IV, lines 1b ar any additional informa	d 2b; Part V, line 4 tion.	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a Part XI, Line 2D - OTHER ADJUSTMENTS:	I 4; Part IV, lines 1b ar any additional informa	d 2b; Part V, line 4 tion.	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4 tion.	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, Line 2D - Other adjustments: SPECIAL EVENT EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS:	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4 tion.	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, Line 2D - Other adjustments: SPECIAL EVENT EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS:	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4 tion.	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS: LOSS FROM UNCOLLECTIBLE PROMISES TO GIVE	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4 tion.	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS: LOSS FROM UNCOLLECTIBLE PROMISES TO GIVE SPECIAL EVENT EXPENSES	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS: LOSS FROM UNCOLLECTIBLE PROMISES TO GIVE	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS: LOSS FROM UNCOLLECTIBLE PROMISES TO GIVE SPECIAL EVENT EXPENSES	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS: LOSS FROM UNCOLLECTIBLE PROMISES TO GIVE SPECIAL EVENT EXPENSES	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS: LOSS FROM UNCOLLECTIBLE PROMISES TO GIVE SPECIAL EVENT EXPENSES	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS: LOSS FROM UNCOLLECTIBLE PROMISES TO GIVE SPECIAL EVENT EXPENSES	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a second sec	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4	; Part X, lii	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS: LOSS FROM UNCOLLECTIBLE PROMISES TO GIVE SPECIAL EVENT EXPENSES	14; Part IV, lines 1b ar any additional informa 585,426.	d 2b; Part V, line 4	; Part X, lii	ne 2; Part XI,

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ALLIANCE FO	OR CHOICE IN EDUCATION					84-153106	ntification number
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
or entity (fundraiser)		(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	rt I					
_		of fundraising event contributions and gro	oss income on Form 990 (a) Event #1	-EZ, lines 1 and 6b. List ((b) Event #2	events with gross receipt (c) Other events	s greater than \$5,000.
					(c) Other events	(d) Total events
			COLORADO ANNUAL	COLORADO LOBSTER		(add col. (a) through
			LUNCHEON	BAKE	1	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	3,858,296.	85,579.	67,500.	4,011,375.
	2	Less: Contributions	3,751,196.	54,829.	50,325.	3,856,350.
_	3	Gross income (line 1 minus line 2)	107,100.	30,750.	17,175.	155,025.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs		4,000.	11,769.	15,769.
Direct Expenses	7	Food and beverages	97,163.	91,983.	14,424.	203,570.
Ω	8	Entertainment	204,600.	8,000.	21,200.	233,800.
	9	Other direct expenses				·
	10					585,426.
	11	Net income summary. Subtract line 10 from li	. ,			-430,401.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4, 29	bingo/progressive bingo	(c) c and gaming	col. (a) through col. (c))
Sev.						
	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	_	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Not semina income automatica Colonialia	from line 4 ("			
	ŏ	Net gaming income summary. Subtract line 7	irom line 1, column (d)			l
•	En	ter the state(s) in which the organization condu	uoto goming activitios:			
		the organization licensed to conduct gaming ac				Yes No
						res NO
U	"	No," explain:				
	_					
		ere any of the organization's gaming licenses re				Yes No
b	If "	Yes," explain:				
00000	0 10	1.97.99			Soho	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022 ALLIANCE FOR CHOICE IN EDUCATION 84	-T23T000		Page 3
11		🔲 Ү	es	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	. Y	es	No
	Indicate the percentage of gaming activity conducted in:	1 1		
	ı The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	es	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990) ALLIANCE FOR CHOICE IN EDUCATION	84-1531066	Page 4
Part IV	(Form 990) ALLIANCE FOR CHOICE IN EDUCATION Supplemental Information (continued)		<u> </u>
	· · (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization	NIOTAE IN EDITA	NA TITON					Employer identification number
Part I General Information on Grants a		CATION					84-1531066
Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro	o substantiate the stance?	oring the use of grant	funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 	-		l e line 1 table				<u> </u>

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

Schedule I (Form 990) 2022 ALLIANCE FOR CHOICE IN	I EDUCATION				84-1531066	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncast	h assistance
SCHOLARSHIPS	10651	30,634,746.	0.			
Part IV Supplemental Information. Provide the information rec	uired in Part I, Iir	ne 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
DONORS WHO GIVE RESTRICTED GIFTS FOR SPECIFIC ACE	PARTNER SCHOO	DLS RECEIVE A				
LETTER FROM ACE EXPLAINING THAT, IF THE NEED ARISE	S AT ANY TIME	OR THE				
BOARD OF DIRECTORS SEES FIT, ACE RESERVES THE RIGH	T TO REDIRECT	FUNDS FOR				
ANOTHER PROGRAM PURPOSE. DONORS ARE ASKED TO NOTIF	Y ACE IF THIS	S ARRANGEMENT				
IS NOT ACCEPTABLE.						
FOR STUDENTS IN ARKANSAS, COLORADO, DELAWARE, KANS	AS, LOUISIANA	Α,				
MISSISSIPPI MISSOURI MONTANA NEW MEXICO TEXAS	וויים א מיינו	OMING.				

Part IV Supplemental Information
TO ASSIST RECIPIENTS WITH THE COST OF OBTAINING AN EDUCATION AT EITHER A
PRIVATE OR PAROCHIAL SCHOOL (AS DEFINED IN SEC. 170(B)(1)(II)). THE
SCHOLARSHIPS ARE ADVERTISED THROUGHOUT THE SCHOOL. SCHOLARSHIP RECIPIENTS
ARE SELECTED THROUGH AN APPLICATION PROCESS, WHERE APPLICATIONS ARE
SUBMITTED THROUGH THE SCHOOL THE STUDENT WISHES TO ATTEND. THE SCHOOL IS
ALLOWED A SPECIFIC NUMBER OF SCHOLARSHIPS DEPENDING ON SEVERAL DATA POINTS
DETERMINED BY ACE STAFF AND THE PROGRAM COMMITTEE. THE SCHOOL SELECTS THE
STUDENTS TO SUBMIT APPLICATIONS. ACE STAFF THEN VERIFIES ELIGIBILITY. THE
ACE PROGRAM COMMITTEE HAS FINAL AUTHORITY ON SCHOLARSHIP ALLOCATIONS. IN
THE FALL AND SPRING, FOLLOWING CONFIRMATION OF STUDENT ENROLLMENT, PAYMENTS
ARE MADE TO EACH SCHOOL VIA ELECTRONIC FUND TRANSFERS FOR THE TOTAL AMOUNT
OF THE SCHOLARSHIP FUNDING FOR THAT SCHOOL.
FOR STUDENTS IN LOUISIANA:
ACE IS A STATE-APPROVED SCHOOL TUITION ORGANIZATION IN THE LOUISIANA
TUITION DONATION CREDIT PROGRAM, AND AWARDS SCHOLARSHIPS TO QUALIFIED
STUDENTS IN LOUISIANA IN ADHERENCE TO STATE STATUTE AND RULES AND
REGULATIONS PUBLISHED BY THE LOUISIANA DEPARTMENT OF EDUCATION. THE
SCHOLARSHIP CHECKS ARE WRITTEN TO THE STUDENT'S PARENTS ON A QUARTERLY
BASIS. BEFORE SENDING THE CHECKS TO THE PARENTS, ACE CONFIRMS WITH THE
STUDENT'S SCHOOL THAT THE STUDENT IS STILL ENROLLED. THUS, ACE IS ABLE TO
ENSURE THAT THE SCHOLARSHIP FUNDS ARE USED FOR THEIR INTENDED PURPOSE.
FOR STUDENTS IN KANSAS SGO:
ACE IS A STATE-APPROVED SCHOLARSHIP GRANTING ORGANIZATION IN THE TAX CREDIT
FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM (2016 K.S.A.72-99A 01-07), AND
AWARDS SCHOLARSHIPS IN ADHERENCE TO STATE STATUTE, RULES AND REGULATIONS
PUBLISHED BY THE KANSAS STATE DEPARTMENT OF EDUCATION. IN THE FALL AND Schedule I (Form 990)

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number ALLIANCE FOR CHOICE IN EDUCATION 84-1531066

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any naven listed on Farm 000 Part VIII Costian A line to with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		х
	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The state of the s			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		77	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NORTON RAINEY	(i)	298,923.	110,100.	0.	11,691.	29,302.	450,016.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN FARRAND	(i)	180,000.	72,649.	0.	13,681.	11,960.	278,290.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELISSA LANDRY	(i)	206,125.	20,100.	0.	4,375.	8,730.	239,330.	0.
PRESIDENT, LOUISIANA	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIK BILLINGER	(i)	132,939.	42,882.	0.	10,973.	29,237.	216,031.	0.
WESTERN REGIONAL PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHARON ROGERS	(i)	132,165.	20,185.	0.	9,486.	38,794.	200,630.	0.
VP OF DEVELOPMENT, HOUSTON	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MIKE COLEMAN	(i)	151,061.	30,100.	0.	5,431.	8,983.	195,575.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRITTANI O'BRIEN	(i)	136,419.	30,518.	0.	10,231.	14,233.	191,401.	0.
VP OF DEVELOPMENT, CO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Tart in Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE ORGANIZATION PAYS MEMBERSHIP DUES TO A GOLF CLUB FOR DEVELOPMENT STAFF.
THE CLUB MEMBERSHIP IS USED BY DEVELOPMENT STAFF FOR FUNDRAISING PURPOSES
FOR ACE. IF THERE IS ANY PERSONAL USE OF THE CLUB MEMBERSHIP BY STAFF, THEY
REIMBURSE ACE FOR THOSE COSTS.
PART I, LINE 7:
THE AMOUNT OF THE BONUS FOR THE PRESIDENT AND CEO IS DETERMINED AT THE
DISCRETION OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVES A
POTENTIAL BONUS POOL AS PART OF THE ANNUAL BUDGET. IF IT'S DECIDED THAT
EMPLOYEE BONUSES WILL BE AWARDED, THEY ARE DETERMINED BY ACE'S EXECUTIVE
TEAM.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

ALLIANCE FOR CHOICE IN EDUCATION

Inspection
Employer identification number

84-1531066

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	1						
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	28	612,998.	FMV			
10	Securities - Closely held stock			, -				
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FUNDRAISING EVE)	Х	8	130,945.	FMV			
26	Other ()			,				
27	Other (
28	Other (
29	Number of Forms 8283 received by the organ	ization during	the tax vear for c	ontributions				
	for which the organization completed Form 82	-	•					
		,	J				Yes	No
30a	During the year, did the organization receive to	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period	1?				30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribut	tions?	31		х
	Does the organization hire or use third parties							
	contributions?		•	• •		32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.	() ,	J. 1 1 J	()	,			
LHA		the Instruc	tions for Form 990).	Schedule M	1 (Forn	n 990)	2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE 0 (Form 990)

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ALLIANCE FOR CHOICE IN EDUCATION

Inspection **Employer identification number**

84-1531066 PART III LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ACE'S PRIVATE PROGRAM AWARDS SCHOLARSHIPS TO CHILDREN FROM LOW-INCOME FAMILIES WANTING PRIVATE SCHOOLING FROM KINDERGARTEN TO HIGH SCHOOL. LOW-INCOME IS DEFINED IN ACCORDANCE WITH THE FEDERAL POVERTY GUIDELINES. POLICIES AND PROCEDURES ADMINISTERING THE PRIVATE SCHOLARSHIP PROGRAM ARE REVIEWED AND APPROVED BY THE ACE PROGRAM COMMITTEE. ACE ALSO SERVES AS A STATE-APPROVED SCHOOL TUITION ORGANIZATION IN THE LOUISIANA TUITION DONATION TAX CREDIT PROGRAM AND AWARDS SCHOLARSHIPS TO QUALIFIED STUDENTS IN ADHERENCE TO STATE STATUTES AND RULES AND REGULATIONS PUBLISHED BY THE LOUISIANA DEPARTMENT OF EDUCATION. ACE IS ALSO REGISTERED AS A SCHOLARSHIP GRANTING ORGANIZATION (SGO) WITHIN KANSAS TAX CREDIT PROGRAM AND STUDENT SCHOLARSHIP ORGANIZATION (SSO) WITHIN MONTANA TAX CREDIT PROGRAM. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S FINANCE COMMITTEE REVIEWS THE FORM 990 IN DETAIL. THE BOARD MEMBERS RECEIVE A COPY OF THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER RECEIVES A COPY OF THE CONFLICT OF INTEREST POLICY AND SIGNS A DISCLOSURE STATING THAT THEY HAVE READ. UNDERSTAND AND WILL COMPLY WITH THE POLICY. ANNUAL CONFIRMATIONS WITH THE BOARD ARE CONDUCTED. IF ANY CONFLICT EXISTS. THE BOARD MEMBER LEAVES THE MEETING WHILE THE ISSUE IS ADDRESSED AND RECUSES HIMSELF FROM VOTING ON THE MATTER,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization ALLIANCE FOR CHOICE IN EDUCATION	Employer identification number 84-1531066
FORM 990, PART VI, SECTION B, LINE 15A:	
THE FINANCE COMMITTEE PROVIDES A COMPREHENSIVE ANNUAL PERFORMANCE, GOAL,	
AND COMPENSATION REVIEW OF THE PRESIDENT AND CEO. COMPENSATION IS DIRECTLY	
TIED TO GOAL ACHIEVEMENT AND IS BENCHMARKED AGAINST LIKE-ORGANIZATIONS OF	
SIMILAR SIZE. THE FINANCE COMMITTEE MAKES THE FINAL COMPENSATION	
DETERMINATION AND ISSUES A LETTER THAT OUTLINES ANY ACTIONS OR CHANGES	
APPROVED BY THE BOARD. THIS LETTER IS PLACED IN THE PRESIDENT AND CEO'S	
EMPLOYEE FILE.	
FORM 990, PART VI, SECTION C, LINE 19:	
AT ITS DISCRETION, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	
OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON	
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS FROM UNCOLLECTIBLE PROMISES TO GIVE -10,880.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ALLIANCE FOR CHOICE IN EDUCATION

Employer identification number 84-1531066

Part I Identification of Disregarded Entities. Comp	Diete ii trie organization answered 1	es on Form 990, Part IV, line 33.			
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ACE SCHOLARSHIPS LOUISIANA - 47-1533890					
5251 DTC PARKWAY #1150					ALLIANCE FOR CHOICE IN
GREENWOOD VILLAGE, CO 80110	EDUCATION	LOUISIANA	9,445,479.	13,837,491.	EDUCATION
ACE SCHOLARSHIPS KANSAS - 81-3539170					
5251 DTC PARKWAY #1150					ALLIANCE FOR CHOICE IN
GREENWOOD VILLAGE, CO 80110	EDUCATION	COLORADO	925,896.	471,311.	EDUCATION
ACE SCHOLARSHIPS MONTANA - 81-3502397					
5251 DTC PARKWAY #1150					ALLIANCE FOR CHOICE IN
GREENWOOD VILLAGE, CO 80110	EDUCATION	COLORADO	2,694,708.	3,334,537.	EDUCATION
ACE SCHOLARSHIPS COLORADO - 81-3521769					
5251 DTC PARKWAY #1150					ALLIANCE FOR CHOICE IN
GREENWOOD VILLAGE, CO 80110	EDUCATION	COLORADO	12,803,272.	29,254,563.	EDUCATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
					-	Yes	No

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ACE SCHOLARSHIPS TEXAS - 82-0652790					
5251 DTC PARKWAY #1150					ALLIANCE FOR CHOICE IN
GREENWOOD VILLAGE, CO 80110	EDUCATION	COLORADO	4,303,075.	4,353,622.	EDUCATION
ACE SCHOLARSHIPS WYOMING - 81-4044609					
5251 DTC PARKWAY #1150					ALLIANCE FOR CHOICE IN
GREENWOOD VILLAGE, CO 80110	EDUCATION	COLORADO	586,174.	1,755,354.	EDUCATION
ACE SCHOLARSHIPS MISSOURI - 82-1829357					
5251 DTC PARKWAY #1150					ALLIANCE FOR CHOICE IN
GREENWOOD VILLAGE, CO 80110	EDUCATION	COLORADO	355,137.	351,362.	EDUCATION
ACE SCHOLARSHIPS SGO KANSAS - 82-2440191					
5251 DTC PARKWAY #1150					ALLIANCE FOR CHOICE IN
GREENWOOD VILLAGE, CO 80110	EDUCATION	COLORADO	1,305,075.	1,699,163.	EDUCATION
ACE SCHOLARSHIPS ARKANSAS - 82-5366674					
5251 DTC PARKWAY #1150					ALLIANCE FOR CHOICE IN
GREENWOOD VILLAGE, CO 80110	EDUCATION	COLORADO	5,771,999.	10,471,839.	EDUCATION
ACE SCHOLARSHIPS MISSISSIPPI - 82-1829357					
5251 DTC PARKWAY #1150					ALLIANCE FOR CHOICE IN
GREENWOOD VILLAGE, CO 80110	EDUCATION	COLORADO	295,833.	279,449.	EDUCATION
	_				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No

Part V	Transactions With Related Organizations.	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 34, 35b, or 36.
--------	--	---	-------------------	-------------------------------

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
	Gift, grant, or capital contribution to related organization(s)									
	Gift, grant, or capital contribution from related organization(s)									
d	Loans or loan guarantees to or for related organization(s)									
	e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)									
g	Sale of assets to related organization(s)				1g					
h	Purchase of assets from related organization(s)				1h					
i	i Exchange of assets with related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)				1j					
k	k Lease of facilities, equipment, or other assets from related organization(s)									
- 1	Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)										
р	p Reimbursement paid to related organization(s) for expenses									
	q Reimbursement paid by related organization(s) for expenses									
r	r Other transfer of cash or property to related organization(s)									
s	s Other transfer of cash or property from related organization(s)									
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationships and transaction thresholds.						
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amount ir	volved					
		type (a-s)								
(1)										
(2)										
(3)										
(4)										
(5)										
		I	1	1						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

ALLIANCE FOR CHOICE IN EDUCATION Schedule R (Form 990) 2022 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. FORM 990, SCHEDULE R, PART I ACE ARKANSAS WAS FOUNDED IN 2018 AND HAS ESTABLISHED PARTNERSHIPS WITH 94 PRIVATE SCHOOLS. TO DATE, 5,879 STUDENT SCHOLARSHIPS HAVE BEEN PROVIDED TOTALING MORE THAN \$15 MILLION. ACE COLORADO WAS FOUNDED IN 2000 AND HAS ESTABLISHED PARTNERSHIPS WITH 174 PRIVATE SCHOOLS. TO DATE, 35,541 STUDENT SCHOLARSHIPS HAVE BEEN PROVIDED TOTALING MORE THAN \$82 MILLION. ACE DELAWARE WAS FOUNDED IN 2023 AND HAS ESTABLISHED PARTNERSHIPS WITH 23 PRIVATE SCHOOLS. TO DATE, 958 STUDENT SCHOLARSHIPS HAVE BEEN PROVIDED TOTALING MORE THAN \$4 MILLION. ACE TEXAS WAS FOUNDED IN 2017 AND HAS ESTABLISHED PARTNERSHIPS WITH 238 PRIVATE SCHOOLS. TO DATE, 6,618 STUDENT SCHOLARSHIPS HAVE BEEN PROVIDED TOTALING MORE THAN \$15 MILLION. ACE LOUISIANA WAS FOUNDED IN 2014 AND HAS ESTABLISHED PARTNERSHIPS WITH 193 PRIVATE SCHOOLS. TO DATE, 13,849 STUDENT SCHOLARSHIPS HAVE BEEN PROVIDED TOTALING MORE THAN \$58 MILLION. ACE MONTANA WAS FOUNDED IN 2012 AND HAS ESTABLISHED PARTNERSHIPS WITH

76 PRIVATE SCHOOLS. TO DATE, 9,360 STUDENT SCHOLARSHIPS HAVE BEEN

PROVIDED TOTALING MORE THAN \$19 MILLION.

ACE MISSOURI WAS FOUNDED IN 2017 AND HAS ESTABLISHED PARTNERSHIPS WITH

38 PRIVATE SCHOOLS. TO DATE, 645 STUDENT SCHOLARSHIPS HAVE BEEN

PROVIDED TOTALING MORE THAN \$1.6 MILLION.

232165 09-14-22 Schedule R (Form 990) 2022