

Override and Estimate Report For Ace Monster Toys restore 11.6.2018:

☐ No results were found. Please review your return carefully.

Filing Checklist for 2017 Tax Returns

To file your 2017 tax return(s), simply follow these instructions:

Federal - (Form 990-EZ)

1. Sign and date your return.

An officer must sign and date the tax return.

2. Tax due/Overpayment

No tax is due.

3. Mail the return.

Send the return and all accompanying attachments to the following address:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

On or before the extended due date: As soon as possible

Using the United States Post Office certified mail service or another approved delivery service which provides a proof of mailing date, including DHL Express (DHL), Federal Express (FedEx), and United Parcel Service (UPS).

4. Keep a copy.

Print a second copy of the return for your records. We also recommend you print and retain the supporting schedules and all other documentation that is not sent in with your return.

California - (Form CA 199)

1. Sign and date your return.

An officer must sign and date page 1 of the tax return.

2. Tax due/Overpayment

Write a check for \$10.00 made payable to 'Franchise Tax Board'.

Write '2017 Form CA 199' and your federal ID number on the check and enclose it with the return.

3. Mail the return.

Send the return and all accompanying attachments to the following address:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0501

On or before the extended due date: May 15, 2019

Using the United States Post Office certified mail service or another approved delivery service which provides a proof of mailing date.

4. Keep a copy.

Print a second copy of the return for your records. We also recommend you print and retain the supporting schedules and all other documentation that is not sent in with your return.

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2017**Open to Public Inspection**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning <u>7/1/2017</u> , and ending <u>6/30/2018</u>													
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Ace Monster Toys, Inc.</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>6050 Lowell Street</td> <td>214</td> </tr> <tr> <td>City or town</td> <td>State ZIP code</td> </tr> <tr> <td>Oakland</td> <td>CA 94608</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county Foreign postal code</td> </tr> </table>	C Name of organization Ace Monster Toys, Inc.		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	6050 Lowell Street	214	City or town	State ZIP code	Oakland	CA 94608	Foreign country name	Foreign province/state/county Foreign postal code
C Name of organization Ace Monster Toys, Inc.													
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite												
6050 Lowell Street	214												
City or town	State ZIP code												
Oakland	CA 94608												
Foreign country name	Foreign province/state/county Foreign postal code												
D Employer identification number <u>27-3573767</u>													
E Telephone number <u>(510) 545-3245</u>													
F Group Exemption Number ▶													
G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶ _____													
I Website: ▶ <u>www.acemonstertoys.org</u>													
J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527													
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other _____													
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <u>139,888</u>													

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,950
	2	Program service revenue including government fees and contracts	2	15,202
	3	Membership dues and assessments	3	118,235
	4	Investment income	4	104
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	1,397
	7b	Less: cost of goods sold	7b	175
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,222
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	139,713
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	23,572
13		Professional fees and other payments to independent contractors	13	9,821
14		Occupancy, rent, utilities, and maintenance	14	46,170
15		Printing, publications, postage, and shipping	15	741
16		Other expenses (describe in Schedule O)	16	66,258
17		Total expenses. Add lines 10 through 16 ▶	17	146,562
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,849
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	62,156
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	55,307

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

HTA

Part II Balance Sheets. (see the instructions for Part II)

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



	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	44,566	22 35,315
23 Land and buildings		23
24 Other assets (describe in Schedule O)	17,590	24 20,115
25 Total assets	62,156	25 55,430
26 Total liabilities (describe in Schedule O)		26 123
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	62,156	27 55,307

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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



What is the organization's primary exempt purpose? Ace Monster Toys' primary exempt purpose is to promote and
Describe the organization's program service accomplishments for each of its three largest program services,
as measured by expenses. In a clear and concise manner, describe the services provided, the number of
persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional
for others.)

28 Educational Programming: We served approximately 170 members and 600 non members a month from the public by providing educational classes, affordable maker space and tools.□ (Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a
29 Experiential Robotics Education: Developed and launched a fighting robot program where participants designed, constructed and deployed small robots. (Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a
30 Partnered with the Golden Gate branch of the Oakland Public Library to bring free tabletop workshops in sewing, electronics, painting and more. These workshops happen 1x per month or more.□ (Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a
32 Total program service expenses. (add lines 28a through 31a) ▶	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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



(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Rachel Sadd President	Hr/WK 23.00			
Holly Mendenhall Secretary	Hr/WK 3.33			
Christine Smith Treasurer	Hr/WK 23.00			
Pierre Grandin Board Member	Hr/WK 1.00			
Christopher Constantine Board Member	Hr/WK 1.00			
Chris Sullivan Board Member	Hr/WK 1.00			
Nicole Scherm Board Member	Hr/WK 1.00			
Robert Froetscher Board Member	Hr/WK 1.00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☐		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	36	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a _____		
b	Did the organization file Form 1120-POL for this year?	37b	
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b _____ 299		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities. 39b _____		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41	List the states with which a copy of this return is filed. ▶ CA		
42 a	The organization's books are in care of ▶ Rachel Sadd Telephone no. ▶ 510 837-1411 Located at ▶ 6055 Lowell St, Ste 214 City Oakland ST CA ZIP + 4 ▶ 94608		
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 _____		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		X
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name <u>None</u>				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		

f Total number of other employees paid over \$100,000 **▶** _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name <u>None</u>		
City	Str	
City	ST ZIP	
Name		
City	Str	
City	ST ZIP	
Name		
City	Str	
City	ST ZIP	
Name		
City	Str	
City	ST ZIP	

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

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

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

Sign Here	DocuSigned by: <u>Rachel Sadd</u> Signature of officer	3/19/2019
	<u>Rachel Sadd</u> Type or print name and title	President

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶	SELF-PREPARED RETURN			
	Firm's address ▶			Firm's EIN ▶	Phone no.

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.****Name of the organization**

Ace Monster Toys, Inc.

Employer identification number

27-3573767

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,631					91,631
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	91,631	0	0	0	0	91,631
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						91,631

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	91,631	0	0	0	0	91,631
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						91,631
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section 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).			
a ☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c ☐ The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>			
2 Activities Test. Answer (a) and (b) below.			
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	0
10	Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013	0		
c	From 2014	0		
d	From 2015	0		
e	From 2016	0		
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2013	0		
b	Excess from 2014	0		
c	Excess from 2015	0		
d	Excess from 2016	0		
e	Excess from 2017	0		

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2017

- **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ► **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

Ace Monster Toys, Inc.

Employer identification number

27-3573767

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 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 foundationCheck 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Ace Monster Toys, Inc.	Employer identification number 27-3573767
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization Ace Monster Toys, Inc.	Employer identification number 27-3573767
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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
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization Ace Monster Toys, Inc.	Employer identification number 27-3573767
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**Open To Public Inspection**

Name of the organization

Ace Monster Toys, Inc.

Employer identification number

27-3573767

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Rachel Sadd	President of A	There are three		X	299	299		X		X		X
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						299						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2017

HTA

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Employer identification number

Ace Monster Toys, Inc.

27-3573767

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 4,508

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 1,089

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 703

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising: 582

Form 990-EZ, Part I, Line 16, Other Expenses: Bank charges: 4,001

Form 990-EZ, Part I, Line 16, Other Expenses: Software: 2,528

Form 990-EZ, Part I, Line 16, Other Expenses: Peripherals: 190

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 6,539

Form 990-EZ, Part I, Line 16, Other Expenses: Membership related expenses: 11,029

Form 990-EZ, Part I, Line 16, Other Expenses: Program related fees: 32,613

Form 990-EZ, Part I, Line 16, Other Expenses: Bad Debt Expense: 386

Form 990-EZ, Part I, Line 16, Other Expenses: Hardware: 504

Form 990-EZ, Part I, Line 16, Other Expenses: Payroll Processing Expenses: 786

Form 990-EZ, Part I, Line 16, Other Expenses: Penalties and Settlements Lost: 800

Form 990-EZ, Part II, Line 24, Other Assets: Creative Arts Equipment: Beginning of year:

11,292, End of year: 8,850

Form 990-EZ, Part II, Line 24, Other Assets: Computer Equipment: Beginning of year: 4,007, End

of year: 78

Form 990-EZ, Part II, Line 24, Other Assets: Furniture: Beginning of year: 1,555, End of year:

3,385

Form 990-EZ, Part II, Line 24, Other Assets: Security Deposit: Beginning of year: 500, End of

year: 3,100

Form 990-EZ, Part II, Line 24, Other Assets: Accounts Receivable (Past Due Laser fees):

Beginning of year: 236, End of year: 0

Form 990-EZ, Part II, Line 24, Other Assets: Inventory: Beginning of year: 0, End of year:

3,269

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

Schedule O (Form 990 or 990-EZ) (2017)

HTA

Employer identification number

Ace Monster Toys, Inc.

27-3573767

Form 990-EZ, Part II, Line 24, Other Assets: Due to/from officer: Beginning of year: 0, End of

year: 299

Form 990-EZ, Part II, Line 24, Other Assets: Adjustment to Fixed Assets: Beginning of year: 0.

End of year: 1,134

Form 990-EZ, Part II, Line 26, Liabilities: Sales Tax payable as of 6.30.2018 paid in FY 2019:

Beginning of year: 0, End of year: 123

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	355
2	Noncash contributions	2	4,595
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events).	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	4,950

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	104
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	104

TAXABLE YEAR

2017

California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) <u>07/01/2017</u> , and ending (mm/dd/yyyy) <u>06/30/2018</u>	
Corporation/Organization name ACE MONSTER TOYS, INC.	California corporation number 3322572
Additional information. See instructions. FEIN 27-3573767	
Street address (suite or room) 6050 LOWELL STREET 214	
City OAKLAND	State CA
Zip code 94608	
Foreign country name	Foreign province/state/county
Foreign postal code	

A First Return ☐ Yes ☒ No B Amended Return ☒ Yes ☐ No C IRC Section 4947(a)(1) trust ☐ Yes ☒ No D Final Information Return? ☒ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized Enter date: (mm/dd/yyyy) E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other F Federal return filed? (1) ☒ 990T (2) ☐ 990PF (3) ☐ Sch H (990) (4) ☒ Other 990 series G Is this a group filing? See instructions ☒ Yes ☐ No H Is this organization in a group exemption ☐ Yes ☐ No If "Yes," what is the parent's name? I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☒ Yes ☐ No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☒ Yes ☐ No K Is the organization exempt under R&TC Section 23701g? ☒ Yes ☐ No If "Yes," enter the gross receipts from nonmember sources \$ L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. ☐ M Is the organization a Limited Liability Company? ☐ Yes ☐ No N Did the organization file Form 100 or Form 109 to report taxable income? ☒ Yes ☐ No O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☐ No P Is federal Form 1023/1024 pending? ☐ Yes ☐ No Date filed with IRS
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	16,703	00
	2 Gross dues and assessments from members and affiliates	2	118,235	00
	3 Gross contributions, gifts, grants, and similar amounts received.	3	4,950	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	139,888	00
	5 Cost of goods sold	5	175	00
	6 Cost or other basis, and sales expenses of assets sold	6	0	00
	7 Total costs. Add line 5 and line 6	7	175	00
	8 Total gross income. Subtract line 7 from line 4	8	139,713	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	146,562	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-6,849	00
Filing Fee	11 Total payments	11	0	00
	12 Use tax. See General Information K	12	0	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	0	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	0	00
	15 Filing fee \$10 or \$25. See General Information F	15	10	00
	16 Penalties and Interest. See General Information J	16	0	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer 93BF2DB2C2858466	Title PRESIDENT
Paid Preparer's Use Only	Preparer's signature SELF-PREPARED RETURN	Date 3/19/2019
	Firm's name (or yours, if self-employed) and address	Check if self-employed ☐
		• Telephone 415.810.1022
		• FEIN • Telephone
May the FTB discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No		

ACE MONSTER TOYS, INC.

27-3573767

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	16,599	00
	2 Interest	2	104	00
	3 Dividends	3	0	00
	4 Gross rents	4	0	00
	5 Gross royalties	5	0	00
	6 Gross amount received from sale of assets (See Instructions)	6	0	00
	7 Other income. Attach schedule	7	0	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	16,703	00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	0	00
	10 Disbursements to or for members	10	0	00
	11 Compensation of officers, directors, and trustees. Attach schedule	11	0	00
	12 Other salaries and wages	12	23,572	00
	13 Interest	13	0	00
	14 Taxes	14	0	00
	15 Rents	15	46,170	00
	16 Depreciation and depletion (See instructions)	16	0	00
	17 Other Expenses and Disbursements. Attach schedule	17	76,820	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	146,562	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1 Cash			44,566.		35,315.
2 Net accounts receivable			0.		0.
3 Net notes receivable			0.		0.
4 Inventories			0.		0.
5 Federal and state government obligations			0.		0.
6 Investments in other bonds			0.		0.
7 Investments in stock			0.		0.
8 Mortgage loans			0.		0.
9 Other investments. Attach schedule			0.		0.
10 a Depreciable assets	0.		0.		
b Less accumulated depreciation	(0.)		0. (0.)		0.
11 Land			0.		0.
12 Other assets. Attach schedule			17,590.		20,115.
13 Total assets			62,156.		55,430.
Liabilities and net worth					
14 Accounts payable			0.		0.
15 Contributions, gifts, or grants payable			0.		0.
16 Bonds and notes payable			0.		0.
17 Mortgages payable			0.		0.
18 Other liabilities. Attach schedule			0.		123.
19 Capital stock or principal fund			0.		0.
20 Paid-in or capital surplus. Attach reconciliation			0.		0.
21 Retained earnings or income fund			62,156.		55,307.
22 Total liabilities and net worth			62,156.		55,430.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1 Net income per books	● -6,849.	7 Income recorded on books this year not included in this return. Attach schedule	● 0.
2 Federal income tax	● 0.	8 Deductions in this return not charged against book income this year.	
3 Excess of capital losses over capital gains	●	Attach schedule	● 0.
4 Income not recorded on books this year. Attach schedule	● 0.	9 Total. Add line 7 and line 8	0.
5 Expenses recorded on books this year not deducted in this return. Attach schedule	● 0.	10 Net income per return.	
6 Total. Add line 1 through line 5	-6,849.	Subtract line 9 from line 6	-6,849.

TAXABLE YEAR

2017**California Exempt Organization
Business Income Tax Return**

FORM

109Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) 07/01/2017, and ending (mm/dd/yyyy) 06/30/2018.

Corporation/Organization name ACE MONSTER TOYS, INC.	California corporation number 3322572
Additional information. See instructions.	FEIN 27-3573767

Street address (suite/room no.) 6050 LOWELL STREET	PMB no.
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City (If the corporation has a foreign address, see instructions.) OAKLAND	State CA	ZIP code 94608
--	--------------------	--------------------------

Foreign country name	Foreign province/state/county	Foreign postal code
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- A** First Return Filed? ☐ Yes ☒ No
- B** Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☐ No
- C** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☒ Yes ☐ No
- D** Final Return? ☒ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized.
Enter date (mm/dd/yyyy) ☒
- E** Amended Return ☒ Yes ☒ No
- F** Accounting Method Used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- G** Nature of trade or business Ace Monster Toys' p
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ No
- I** Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ☐ Yes ☐ No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ☐ Yes ☐ No
- K** Unrelated Business Activity (UBA) Code ☒
- L** Is this a Hospital? ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	☒	1	0	00
	2	Multiply line 1 by the average apportionment percentage <u>100.0000%</u> from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	☒	2	0	00
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	☒	3	0	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	☒	4	0	00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	☒	5	0	00
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	☒	6		00
	7	Net Operating Loss deduction. See General Information N	☒	7	0	00
	8	Add line 6 and line 7	☒	8	0	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	☒	9	0	00
	10	Tax <u>8.84%</u> x line 9. See General Information J	☒	10	0	00
	11	Tax credits from Schedule B. See instructions	☒	11	0	00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	☒	12	0	00
	13	Alternative minimum tax. See General Information O	☒	13	0	00
	14	Total tax. Add line 12 and line 13	☒	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	☒	15		00
	16	2017 estimated tax payments. See instructions	☒	16		00
	17	Withholding (Form 592-B and/or 593.) See instructions	☒	17		00
	18	Amount paid with extension (form FTB 3539)	☒	18	0	00
	19	Total payments and credits. Add line 15 through line 18	☒	19	0	00
Use Tax/ Tax Due/ Overpayment	20	Use tax. See instructions	☒	20	0	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	☒	21	0	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	☒	22	0	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	☒	23	0	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	☒	24	0	00
	25	Enter amount of line 24 to be applied to 2018 estimated tax	☒	25		00

ACE MONSTER TOYS, INC.

27-3573767

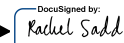
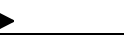
Refund or Amount Due	26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	0.00
		a Fill in the account information to have the refund directly deposited. Routing number	26a	
		b Type: Checking ☐ Savings ☐ c Account Number	26c	
	27	Penalties and interest. See General Information M	27	0.00
	28	☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806		
	29	Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	0.00

Unrelated Business Taxable Income**Part I Unrelated Trade or Business Income**

1	a Gross receipts or gross sales 0. b Less returns and allowances 0. c Balance	1c	0.00
2	Cost of goods sold and/or operations (Schedule A, line 7)	2	0.00
3	Gross profit. Subtract line 2 from line 1c	3	0.00
4	a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	4a	0.00
	b Net gain (loss) from Part II, Schedule D-1	4b	0.00
	c Capital loss deduction for trusts	4c	0.00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	5	0.00
6	Rental income (Schedule C)	6	0.00
7	Unrelated debt-financed income (Schedule D)	7	0.00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	0.00
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	0.00
10	Exploited exempt activity income (Schedule G)	10	0.00
11	Advertising income (Schedule H, Part III, Column A)	11	0.00
12	Other income. Attach schedule	12	0.00
13	Total unrelated trade or business income. Add line 3 through line 12	13	0.00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I	14	0.00
15	Salaries and wages	15	0.00
16	Repairs	16	0.00
17	Bad debts	17	0.00
18	Interest. Attach schedule	18	0.00
19	Taxes. Attach schedule	19	0.00
20	Contributions. See instructions and attach schedule	20	0.00
21	a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21a	0.00
	b Less: depreciation claimed or y	21b	0.00
22	Depletion. Attach schedule	22	0.00
23	a Contributions to deferred compensation plans	23a	0.00
	b Employee benefit programs. See instructions	23b	0.00
24	Other deductions. Attach schedule	24	0.00
25	Total deductions. Add line 14 through line 24	25	0.00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	0.00
27	Excess advertising costs (Schedule H, Part III, Column B)	27	0.00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	0.00
29	Specific deduction. See instructions	29	0.00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	30	0.00

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go tdfb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer 	Title PRESIDENT	Date 3/19/2019	Telephone 5108371411
	Preparer's signature 	Date	Check if self-employed ☐	PTIN
	Firm's name (or yours, if self-employed) and address			FEIN Telephone
May the FTB discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No				

ACE MONSTER TOYS, INC.

27-3573767

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

1	Inventory at beginning of year	1	0	00
2	Purchases	2	0	00
3	Cost of labor	3	0	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	0	00
b	Other costs. Attach schedule	4b	0	00
5	Total. Add line 1 through line 4b	5	0	00
6	Inventory at end of year	6	0	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	0	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☐ No

Schedule B Tax Credits.

1	Enter credit name	code	1	00
2	Enter credit name	code	2	00
3	Enter credit name	code	3	00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11	4	0	00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	0	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	0	00
	b Method for non-dealer installment obligations	2b	0	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	0	00
4	Credit recapture. Credit name	4	0	00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	0	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.**Part A. Standard Method – Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	●	●	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			●

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions	●	●	●
2 Payroll factor: Wages and other compensation of employees	●	●	●
3 Sales factor: Gross sales and/or receipts less returns and allowances	●	●	●
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property		2 Rent received or accrued	3 Percentage of rent attributable to personal property	
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (attach schedule)	(c) Net income includible, column 5(a) less column 5(b)
	0.	0.		0.
	0.	0.		0.
	0.	0.		0.
Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6		0.		

ACE MONSTER TOYS, INC.

27-3573767

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%	0.	0.	0.
		%	0.	0.	0.
		%	0.	0.	0.
Total. Enter here and on Side 2, Part I, line 7					0.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
			0.		0.
			0.		0.
Total. Enter here and on Side 2, Part I, line 8					0.
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

		Exempt Controlled Organizations			
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10				0.	
5 Add columns 6 and 11					0.
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					0.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
			0.			0.	0.
			0.			0.	0.
			0.			0.	0.
			0.			0.	0.
Total. Enter here and on Side 2, Part I, line 10							0.

ACE MONSTER TOYS, INC.

27-3573767

Schedule H Advertising Income and Excess Advertising Costs**Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals	0.	0.	0.	0.	0.	0.

Part II Income from Periodicals Reported on a Separate Basis

		0.			0.
		0.			0.
		0.			0.

Part III Column A – Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
	0.		0.
	0.		0.
	0.		0.
Enter total here and on Side 2, Part I, line 11	0.	Enter total here and on Side 2, Part II, line 27	0.

Part III Column B – Excess Advertising Costs**Schedule I Compensation of Officers, Directors, and Trustees**

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14				0.	0.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment ..						
Other (specify)						
3 Other depreciation						
4 Total		0.	0.			0.
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						0.

Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees

0								
Name		Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	Rachel Sadd					President	23.	
2	Holly Mendenhall					Secretary	3.3	
3	Christine Smith					Treasurer	23.	
4	Pierre Grandin					Board Member	1.	
5	Christopher Constantine					Board Member	1.	
6	Chris Sullivan					Board Member	1.	
7	Nicole Scherm					Board Member	1.	
8	Robert Froetscher					Board Member	1.	

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	1	0
2	Legal fees	2	0
3	Accounting fees	3	0
4	Other professional fees	4	9,821
5	Travel, conferences, and meetings	5	0
6	Printing and publications	6	741
7	Special events direct expenses	7	0
8	Office expenses	8	0
9	Other expenses	9	66,258
10		10	
11		11	
12	Total	12	76,820

Line 12, Sch L (CA 199) - Other Assets

		Beginning	End
1	Assets	17,590	20,115
2			
3			
4			
5			
6			
7			
8			
9			
10	Total	17,590	20,115

Line 18, Sch L (CA 199) - Other Liabilities

		Beginning of Year	End of Year
1	Liabilities	0	123
2			
3			
4			
5			
6			
7			
8			
9			
10	Total	0	123