

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , **and ending** ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **ASSOCIATION OF COMMUNITY EMPLOYMENT**
ACE PROGRAMS FOR THE HOMELESS
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
598 BROADWAY 7TH FL
 City, town or post office, state, and ZIP code
NEW YORK NY 10012-3352

D Employer identification number
13-3846431

E Telephone number
212-274-0550

G Gross receipts\$ **2,601,457**

F Name and address of principal officer:
HENRY BUHL
598 BROADWAY 7TH FL
NEW YORK NY 10012-3352

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ACENEWYORK.ORG**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1995** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10		
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	32		
	6 Total number of volunteers (estimate if necessary)	6	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
b Net unrelated business taxable income from Form 990-T, line 34	7b		0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	1,393,228	Current Year	1,620,859
	9 Program service revenue (Part VIII, line 2g)		121,739		306,518
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		417,324		535,799
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,932,291		2,463,176
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		956,196		1,247,419
	16a Professional fundraising fees (Part IX, column (A), line 11e)		40,000		66,700
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 581,321				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,013,632		988,638
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,009,828		2,302,757	
19 Revenue less expenses. Subtract line 18 from line 12		-77,537		160,419	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	311,893	End of Year	395,577
	21 Total liabilities (Part X, line 26)		84,702		7,967
	22 Net assets or fund balances. Subtract line 21 from line 20		227,191		387,610

Part II Signature Block

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

Sign Here

Signature of officer: **HENRY BUHL** Date: **FOUNDER**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **KENNETH TOTILO** Preparer's signature: **KENNETH TOTILO** Date: **02/17/13** Check if self-employed PTIN: **P01221820**

Firm's name: **KENNETH TOTILO, CPA** Firm's EIN: **11-3089496**
 Firm's address: **1510 OCEAN PKWY # D10**
BROOKLYN, NY 11230 Phone no.: **718-645-1016**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 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 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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,533,988** including grants of \$) (Revenue \$ **306,518**)

SEE 990 SCHEDULE O, AND SUPPORTING DETAIL STATEMENTS FOR A COMPLETE DESCRIPTION

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,533,988**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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)	X	
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	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	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		
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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website
 Another's website
 Upon request
 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ACE**
598 BROADWAY 7TH FLOOR
NEW YORK NY 10012 212-274-0550

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HENRY BUHL FOUNDER	40.00 0.00	X						52	0	0
(2) JAMES RHODES CO-FOUNDER	0.00 0.00	X						0	0	0
(3) STUART EPSTEIN BOARD MEMBER	0.00 0.00	X						0	0	0
(4) RICHARD ROBINSON BOARD MEMBER	0.00 0.00	X						0	0	0
(5) KENNETH KLEIN BOARD MEMBER	0.00 0.00	X						0	0	0
(6) JED ROOT BOARD MEMBER	0.00 0.00	X						0	0	0
(7) RICHARD KOBUSCH BOARD MEMBER	0.00 0.00	X						0	0	0
(8) MONSIGNOR DONALD SAKANO BOARD MEMBER	0.00 0.00	X						0	0	0
(9) CATHERINE RICE DIRECTOR	0.00 0.00	X						0	0	0
(10) RON SHAPIRA BOARD MEMBER	0.00 0.00	X						0	0	0
(11) JAMES MARTIN JR EXECUTIVE DIRECTOR	40.00 0.00			X				89,999	0	5,730

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DEANA MURTHA DIRECTOR-DEVELOPMENT	40.00 0.00			X				75,192	0	4,361
(13) JOHN ELLERT COORDINTOR VOC.REHAB	40.00 0.00			X				54,724	0	0
(14) EUGENE TORRES DIRECTOR-FINANCE/HR	40.00 0.00			X				52,622	0	5,637
(15) ELIZABETH MCNIERNEY DIRECTOR-PROGRAM SVC	40.00 0.00			X				41,039	0	5,730
(16)										
(17)										
(18)										
(19)										
1b Sub-total								313,628		21,458
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								313,628		21,458

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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		X
5 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		X

Section B. Independent Contractors

1 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 the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,620,859				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,620,859			
Program Service Revenue	2a PROJECT STAY	Busn. Code	211,326	211,326		
	b PROJECT COMEBACK		95,192	95,192		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		306,518			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real				
		(ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a 674,080				
		b Less: direct expenses	b 138,281			
		c Net income or (loss) from fundraising events		535,799		
9a Gross income from gaming activities. See Part IV, line 19		a				
		b Less: direct expenses	b			
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		2,463,176	306,518	0	0	

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 response to any question in this Part IX

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	313,628	228,614	21,049	63,965
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	730,264	491,372	80,685	158,207
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	112,078	58,442	14,922	38,714
10 Payroll taxes	91,449	55,217	9,227	27,005
11 Fees for services (non-employees):				
a Management				
b Legal	9,115		9,115	
c Accounting	8,000	3,600	2,400	2,000
d Lobbying				
e Professional fundraising services. See Part IV, line 7	66,700			66,700
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	8,380	4,190	2,095	2,095
13 Office expenses	95,833	14,537	7,268	74,028
14 Information technology				
15 Royalties				
16 Occupancy	219,758	178,288	20,735	20,735
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,535	4,187	4,174	4,174
23 Insurance	41,283	32,663	3,917	4,703
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARTICIPANT STIPENDS	276,737	276,737		
b SANITATION SUPPLIES	52,357	52,357		
c DIRECT MAIL PUBLICATIONS	39,392			39,392
d PARTICIPANT COMPL'NCE EXP	18,958	18,958		
e All other expenses	206,290	114,826	11,861	79,603
25 Total functional expenses. Add lines 1 through 24e	2,302,757	1,533,988	187,448	581,321
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	156,849	1	242,999
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,153	4	8,160
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35,000	9	35,000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 113,393		
	b Less: accumulated depreciation	10b 33,975	10c	79,418
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	30,000	15	30,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	311,893	16	395,577	
Liabilities	17 Accounts payable and accrued expenses	84,702	17	7,967
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	84,702	26	7,967
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	227,191	27	387,610
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	227,191	33	387,610	
34 Total liabilities and net assets/fund balances	311,893	34	395,577	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,463,176
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,302,757
3	Revenue less expenses. Subtract line 2 from line 1	3	160,419
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	227,191
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	387,610

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

**ASSOCIATION OF COMMUNITY EMPLOYMENT
ACE PROGRAMS FOR THE HOMELESS**

Employer identification number

13-3846431

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2012. 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—2011. 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—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

b 10%-facts-and-circumstances test—2011. 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 IV 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 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	257,606	713,944	495,796	1,393,228	1,620,859	4,481,433
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	2,015,464	372,488	1,135,191	737,034	980,598	5,240,775
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	2,273,070	1,086,432	1,630,987	2,130,262	2,601,457	9,722,208
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.)						9,722,208

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	2,273,070	1,086,432	1,630,987	2,130,262	2,601,457	9,722,208
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,346	48,622	267			66,235
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	17,346	48,622	267			66,235
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	91,638	149,339	400,913			641,890
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,382,054	1,284,393	2,032,167	2,130,262	2,601,457	10,430,333

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 2012 (line 8, column (f) divided by line 13, column (f))	15	93.21%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	92.05%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1%

19a 33 1/3% support tests—2012. 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—2011. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART III, LINE 12 - OTHER INCOME DETAIL

PRIOR YEARS AMOUNTS \$ **641,890**

Schedule of Contributors

2012

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization ASSOCIATION OF COMMUNITY EMPLOYMENT ACE PROGRAMS FOR THE HOMELESS	Employer identification number 13-3846431
---	--

Organization type (check one):

- | | |
|--|--|
| Filers of:

Form 990 or 990-EZ

Form 990-PF | Section:
<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
<input type="checkbox"/> 527 political organization
<input type="checkbox"/> 501(c)(3) exempt private foundation
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
<input type="checkbox"/> 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ASSOCIATION OF COMMUNITY EMPLOYMENT	Employer identification number 13-3846431
--	---

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
1	A.C.E. HOUSING FOUNDATION 598 BROADWAY, 7TH FLOOR NEW YORK NY 10012	\$ 445,238	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE CHARLES EVANS FOUNDATION 116 VILLAGE BOULEVARD, SUITE 200 PRINCETON NJ 08540	\$ 657,690	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JOHN PAULSON 1251 AVENUE OF THE AMERICAS, 50TH FL NEW YORK NY 10020	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CALEB C. & JULIA W. DULA EDUCATIONAL C/O U.S. TRUST 7800 FORSYTH BOULEVARD, SUITE 600 CLAYTON MO 63105-3418	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SORGENTE GROUP FOUNDATION- -FOR ART AND CULTURE 805 THIRD AVE 18TH FL NEW YORK NY 10022	\$ 36,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE J.M. KAPLAN FUND 261 MADISON AVENUE, 19TH FLOOR NEW YORK NY 10016	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ASSOCIATION OF COMMUNITY EMPLOYMENT ACE PROGRAMS FOR THE HOMELESS

Employer identification number

13-3846431

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of an historically important land area
- Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	80,903		17,978	62,925
d Equipment	32,490		15,997	16,493
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **79,418**

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT-LEASE	30,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	30,000

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

Name of the organization **ASSOCIATION OF COMMUNITY EMPLOYMENT
ACE PROGRAMS FOR THE HOMELESS**

Employer identification number
13-3846431

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
OUI 2 PR 1 116 WEST 23RD ST. SUITE 500 NEW YORK NY 10011	GALA	X		640,450	66,700	573,750
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				640,450	66,700	573,750

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	OTHER FUNDRAISI (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	640,450	33,630		674,080
	2 Less: Contributions ..				
	3 Gross income (line 1 minus line 2)	640,450	33,630		674,080
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	133,225	5,056		138,281
	10 Direct expense summary. Add lines 4 through 9 in column (d)				138,281
11 Net income summary. Combine line 3, column (d), and line 10				535,799	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor				
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? Yes 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? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%

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? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes 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 ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCH G, PART I, LINE 2B, COL (III) - CUSTODY OR CONTROL ARRANGEMENT
OUI 2 PR
TIERED PERCENTAGES OF GROSS

SCH G, PART I, LINE 2B, COL (V) - FUNDRAISING VS. REIMBURSEMENT EXPLANATION
OUI 2 PR
N/A

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.

OMB No. 1545-0047

2012**Open to Public
Inspection****ASSOCIATION OF COMMUNITY EMPLOYMENT
ACE PROGRAMS FOR THE HOMELESS**

Employer identification number

13-3846431**FORM 990 – ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

ACE WORKS WITH HOMELESS MEN AND WOMEN THROUGHOUT NEW YORK CITY, PROVIDING
JOB TRAINING, WORK EXPERIENCE AND A LIFETIME SUPPORT NETWORK TO HELP OUR
PROGRAM PARTICIPANTS ACHIEVE THEIR GOALS AND ESTABLISH ECONOMIC
INDEPENDENCE.

FORM 990, PART III, LINE 4D – ALL OTHER ACCOMPLISHMENT**NYC HOMELESS PROGRAMS AND SERVICES**

OUR HOMELESS SERVICES INCLUDE GIVING MEN AND WOMEN A JOB SWEEPING THE
STREETS OF NEW YORK CITY, AND NEW YORKERS IN TURN WILL SUPPORT THEM AS THEY
WORK TO REGAIN THEIR INDEPENDENCE.

IF IT SOUNDS SIMPLE, IT IS. THE IDEA BEHIND ACE WORKS BECAUSE THE
INDIVIDUALS IN THE BRIGHT RED UNIFORMS WHO CLEAN YOUR SIDEWALK WANT MORE
THAN CHARITY—THEY WANT A BETTER LIFE. THEY HAVE MADE THE DECISION TO LEAVE
HOMELESSNESS BEHIND. ALL WE DO IS GIVE THEM A CHANCE—AND THE RESOURCES
THEY NEED GET STARTED. OUR HOMELESS SOLUTION HELPS EMPOWER THE MEN AND
WOMEN TO TURN THEIR LIVES AROUND.

EVERY DAY, OUR CREWS HIT THE STREETS, ARMED WITH A BROOM AND BUCKET AND A
DETERMINATION TO PUT IN AN HONEST DAY'S WORK. AFTER THEIR SHIFT, THEY WILL
ATTEND A SOFT SKILLS WORKSHOP, A COMPUTER TRAINING COURSE, OR PERHAPS A
BASIC ENGLISH OR MATH CLASS WHICH ARE INCLUDED AMONG THE HOMELESS SERVICES
WE OFFER. THEY WILL DISCUSS JOB LEADS WITH OUR CAREER DEVELOPMENT STAFF
AND DEVELOP A JOB SEARCH STRATEGY.

AFTER A FEW MONTHS, WITH OUR HELP, THEY'LL FIND A JOB OF THEIR OWN AND
GRADUATE. BUT WE ENCOURAGE THEM TO STAY IN TOUCH, AND TAKE ADVANTAGE OF

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THE JOB RETENTION PROGRAMS WE OFFER. IF THEY EVER LOSE THEIR JOB, WANT TO ASK FOR A RAISE, OR JUST NEED A LITTLE SUPPORT, OUR DOORS ARE ALWAYS OPEN TO THEM.

ALL THIS IS MADE POSSIBLE BECAUSE OF THE PARTNERSHIP OF THE INDIVIDUALS AND BUSINESSES THAT SUPPORT ACE AND ITS HOMELESSNESS SOLUTION. WE'RE CHANGING LIVES AND CLEANING UP NEW YORK CITY, ONE BLOCK AT A TIME.

PROJECT COMEBACK

OUR INTENSIVE FOUR TO SIX MONTH JOB TRAINING PROGRAM PROVIDES REAL-TIME WORK EXPERIENCE, JOB READINESS WORKSHOPS AND ONE-ON-ONE COUNSELING. OUR CLIENTS ARE REFERRED TO US FROM OUTPATIENT FACILITIES, SHELTERS, SUBSTANCE ABUSE TREATMENT PROGRAMS, AND TRANSITIONAL HOUSING PROGRAMS THROUGHOUT ALL FIVE BOROUGHES OF NEW YORK CITY. THEY WORK 20-24 HOURS EACH WEEK ON STRUCTURED SERVICE CREWS CLEANING THE STREETS AND SIDEWALKS OF LOWER MANHATTAN AND RECEIVE A LIVING STIPEND FOR THEIR WORK. WORKING ON THE CREW TEACHES THE RULES AND REQUIREMENTS OF THE WORKPLACE AND PROVIDES VALUABLE RECENT WORK EXPERIENCE FOR RESUME BUILDING.

PROJECT COMEBACK PARTICIPANTS ATTEND MANDATORY JOB-READINESS WORKSHOPS IN 15 DIFFERENT SUBJECTS, INCLUDING: INTERPERSONAL COMMUNICATION, CONFLICT RESOLUTION, HYGIENE AND ATTIRE, RESUME WRITING, INTERVIEWING SKILLS, FINANCIAL MANAGEMENT, AND EMPLOYMENT RIGHTS (IN RELATION TO CRIMINAL HISTORIES). WE OFFER WEEKLY ADULT BASIC EDUCATION CLASSES IN MATH AND ENGLISH AS WELL AS INTRODUCTORY COMPUTER CLASSES TO HELP OUR CLIENTS DEVELOP A WORKING KNOWLEDGE OF COMPUTERS, INTERNET USAGE AND BASIC TYPING TECHNIQUES.

WE PARTNER WITH 11 OTHER HUMAN SERVICE ORGANIZATIONS IN THE CITY TO PROVIDE COMPREHENSIVE ASSISTANCE IN THE AREAS OF HOUSING, SUBSTANCE ABUSE, MENTAL HEALTH, AND CAREER COUNSELING. OUR CLIENTS MUST ALSO CONTINUE TO ATTEND

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THEIR ONGOING TREATMENT PROGRAMS TO HELP THEM MAINTAIN SOBRIETY AND STABILITY THROUGHOUT THE DURATION OF OUR PROGRAM.

OUR COUNSELORS MEET WITH OUR CLIENTS INDIVIDUALLY TO IDENTIFY AND ADDRESS ANY PROBLEMS THAT MAY ARISE DURING THE PROGRAM. WE BELIEVE OUR UNPARALLELED LEVEL OF INDIVIDUAL ATTENTION AND SUPPORT SETS US ABOVE SIMILAR ORGANIZATIONS AND HELPS OUR CLIENTS TO SUCCEED.

OUR CLIENTS "GRADUATE" ONCE THEY HAVE SUCCESSFULLY COMPLETED OUR CURRICULUM AND SECURED EMPLOYMENT. EVERY THREE MONTHS, WE HONOR THEIR ACCOMPLISHMENTS WITH A COMMENCEMENT CEREMONY. PAST GRADUATIONS HAVE BEEN GENEROUSLY HOSTED BY THE TRIBECA FILM CENTER, SAINT ANTHONY'S CHURCH, SCHOLASTIC, AND THE SAINT PATRICK'S OLD CATHEDRAL YOUTH CENTER.

PROJECT HOME

ACE'S NEW PROGRAM, PROJECT HOME (PH), AIMS TO PROVIDE A 3-YEAR DECLINING RENT SUBSIDY TO 12 GRADUATES OF OUR VOCATIONAL TRAINING PROGRAM PROJECT COMEBACK (PCB). ACE WILL STAGGER ENTRY INTO THE PROGRAM, ENROLLING 4 PARTICIPANTS A YEAR OVER THREE YEARS.

THE MISSION OF PH WILL BE TO ASSIST PCB GRADUATES IN THE TRANSITION TO INDEPENDENT LIVING BY PROVIDING THEM WITH A RENT SUBSIDY TO HELP THEM MEET THE FINANCIAL DEMANDS OF LIVING IN THEIR OWN APARTMENT. THIS WILL SERVE AS A FOUNDATION FROM WHICH THEY CAN PURSUE VOCATIONAL GROWTH, INCREASED EARNING POWER AND THE DEVELOPMENT OF INDEPENDENT LIVING SKILLS. IN ADDITION TO PROVIDING A DECLINING RENT SUBSIDY, PH WILL PROVIDE COMPREHENSIVE SUPPORT SERVICES TO PARTICIPANTS USING A COMBINATION OF ON-SITE AND OFF-SITE SERVICES. THESE SERVICES WILL BE GEARED TOWARDS FURTHERING THE GOALS OF PERSONAL INDEPENDENCE AND VOCATIONAL SUCCESS.

PARTICIPANTS WILL WORK ONE-ON-ONE WITH A PH STAFF MEMBER TO DETERMINE THEIR NEEDS RELATING TO THE DEVELOPMENT OF INDEPENDENT LIVING SKILLS AS WELL AS

Name of the organization

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THEIR PERSONAL VOCATIONAL GOALS AND ASPIRATIONS. PARTICIPANTS WILL RECEIVE INDIVIDUALIZED ATTENTION IN ORDER TO ADDRESS THEIR DETERMINED NEEDS. THESE SERVICES WILL BE PROVIDED ON-SITE SO PARTICIPANTS CAN LEARN TO APPLY THESE LESSONS IN THEIR NEW SETTING.

PH PARTICIPANTS WILL JOIN IN GROUPS FACILITATED BY PH STAFF, WHERE THEY CAN TALK THROUGH GOALS, CHALLENGES, DISCUSS ISSUES THAT ARISE AND PARTICIPATE IN SKILL-BUILDING EXERCISES. THESE GROUPS WILL ALSO GIVE PARTICIPANTS THE OPPORTUNITY TO BUILD BONDS AND ESTABLISH A NETWORK OF PEERS WHO ENCOURAGE POSITIVE BEHAVIOR PATTERNS AND CONTINUED GROWTH. THEY WILL BE ACTIVELY INVOLVED IN ASSESSING THE PH SERVICE PLAN AND WILL BE ENCOURAGED TO BUILD MENTORSHIP-BASED RELATIONSHIPS WITH NEWER PH PARTICIPANTS. THIS WILL EMPOWER PARTICIPANTS AND CREATE AN EXPERIENCE WHEREBY THEY ARE NOT 'MANAGED,' BUT RATHER ARE ASSISTING EACH OTHER AND RECEIVING ASSISTANCE IN A COMMUNITY SETTING. THIS WILL AID PARTICIPANTS IN CULTIVATING THE SKILLS NEEDED TO EVALUATE THEIR OWN PROGRESS, MAKE DECISIONS AND DEVELOP A VOICE IN THEIR NEW ENVIRONMENT. PARTICIPANTS WILL ALSO CONTINUE TO PARTICIPATE IN ACE'S VOCATIONAL AFTERCARE PROGRAM, PROJECT STAY (PSY), WHICH INCLUDES BI-MONTHLY RECREATIONAL EVENTS. THIS PROGRAM ENCOURAGES PARTICIPANTS TO CONTINUE THEIR VOCATIONAL GROWTH AND STRENGTHENS THEIR CONNECTION TO ACE. DURING THE TRANSITION TO INDEPENDENT LIVING, PARTICIPANTS FACE MANY OBSTACLES. IT IS PARAMOUNT TO THEIR SUCCESS THAT THEY MEET THESE CHALLENGES AND REMAIN COMMITTED TO THEIR POSITIVE BEHAVIOR PATTERNS. PH WILL ENSURE PARTICIPANTS DEVELOP THE NECESSARY DAILY LIVING SKILLS AND FINANCIAL STABILITY TO SUCCEED IN THEIR ENDEAVORS. PH STAFF WILL HELP CREATE LINKAGES WITHIN EACH PARTICIPANT'S NEIGHBORHOOD TO ENSURE THAT THEY HAVE A STRONG NETWORK OF SERVICES AND A SENSE OF COMMUNITY - BOTH IN THEIR NEIGHBORHOOD AND AMONG THEIR PEERS AND THE STAFF AT ACE.

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IN ADDITION TO MASTERING DAILY LIVING SKILLS, PARTICIPANTS WILL ALSO BE ENCOURAGED TO DEVELOP THEIR INDEPENDENCE IN OTHER WAYS. THEY WILL PARTICIPATE IN OFF-SITE WORKSHOPS, HELD AT THE ACE OFFICES, FOCUSING ON LONG-TERM AND SHORT-TERM GOAL SETTING, TIME MANAGEMENT AND STRESS REDUCTION TECHNIQUES, AMONG OTHER TOPICS.

ANOTHER ESSENTIAL PART OF INDEPENDENT LIVING INCLUDES ESTABLISHING FINANCIAL STABILITY. PARTICIPANTS WILL SIT IN ON BUDGETING, FINANCIAL LITERACY AND ASSET BUILDING WORKSHOPS. THEY WILL ALSO HAVE ACCESS TO CERTIFIED FINANCIAL PLANNERS AND A DEBT MANAGEMENT COUNSELOR TO ESTABLISH THEIR LONG-TERM FINANCIAL STABILITY. PARTICIPANTS IN PH WILL NOT ONLY BE PURSUING THE GOAL OF PERSONAL INDEPENDENCE, BUT WILL ALSO BE WORKING TOWARDS INCREASING THEIR EARNING POWER AND FURTHERING THEIR VOCATIONAL SUCCESS. INDIVIDUALS SEEKING TO FURTHER THEIR EDUCATION WILL BE ENCOURAGED TO CONTINUE PARTICIPATING IN ACE'S ADULT BASIC EDUCATION, GED PREPARATION, ENGLISH, MATH AND COMPUTER CLASSES. THEY WILL ALSO RECEIVE ASSISTANCE SEEKING OUT OTHER EDUCATIONAL OPPORTUNITIES AND "HARD SKILLS" TRAINING PROGRAMS AS THEY RELATE TO THEIR PERSONAL VOCATIONAL GOALS.

PROJECT STAY

PROJECT STAY IS A LIFE-LONG SUPPORT NETWORK DESIGNED TO SUPPORT OUR GRADUATES IN THEIR TRANSITION TO SELF-SUFFICIENCY. IT CONSISTS OF SEVERAL COMPONENTS CRUCIAL TO JOB RETENTION: REGULAR GROUP MEETINGS, POST-EMPLOYMENT SERVICES (BOTH JOB-RELATED AND PERSONAL), INDIVIDUAL CASE MANAGEMENT, FINANCIAL INCENTIVES, AND THE OPPORTUNITY FOR EDUCATIONAL ADVANCEMENT. PROJECT STAY IS UNIQUE AMONG JOB-READINESS AFTERCARE PROGRAMS IN NEW YORK CITY, IN THAT IT PROVIDES LIFETIME SUPPORT FOR GRADUATES TO COPE WITH THE CHALLENGES THEY WILL FACE, THEREBY FIGHTING THE CYCLICAL NATURE OF HOMELESSNESS.

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MANDATORY BI-WEEKLY MEETINGS OFFER OUR GRADUATES A FORUM IN WHICH TO DISCUSS WORKPLACE ISSUES, SHARE STRUGGLES AND SUCCESSES, IDENTIFY FUTURE GOALS, ASSES PROGRESS, SHARE ADVICE AND RECEIVE VITAL SUPPORT FROM THEIR PEERS. PROJECT STAY ALSO FACILITATES WORKSHOPS AND SEMINARS ON A VARIETY OF TOPICS TO BUILD CAREER AND LIFE SKILLS. TOPICS INCLUDE FINANCIAL LITERACY, NETWORKING, LEADERSHIP SKILLS, BUSINESS ETIQUETTE, CONFLICT RESOLUTION, TIME MANAGEMENT, WORK/LIFE BALANCE, AND STRESS REDUCTION. BI-MONTHLY RECREATIONAL OUTINGS BRING EVERYONE TOGETHER IN A POSITIVE SOCIAL NETWORK, ALLOWING GRADUATES TO CATCH UP WITH FRIENDS AND REWARD THEMSELVES FOR THEIR HARD WORK.

WE ENSURE THAT OUR GRADUATES HAVE ACCESS TO THE RESOURCES THEY NEED. WE ASSIST THEM, BOTH ON-SITE AND THROUGH OUTSIDE REFERRALS, IN FINDING HEALTHCARE, HOUSING, CHILD-CARE, FREE TAX PREPARATION CLINICS, SUBSTANCE ABUSE OUTPATIENT PROGRAMS, AND EDUCATIONAL OPPORTUNITIES. WE CONTINUE TO OFFER TUTORING IN BASIC MATH AND ENGLISH, PLUS GUIDED COMPUTER CLASSES. PROJECT STAY REWARDS OUR GRADUATES WITH FINANCIAL INCENTIVES FOR REACHING CERTAIN EMPLOYMENT MILESTONES (\$250 FOR EVERY SIX MONTHS OF EMPLOYMENT, ENDING AT THE 18-MONTH MARK). THIS ENCOURAGES THEIR CONTINUED PARTICIPATION IN THE PROGRAM DURING THE MOST VULNERABLE PERIOD OF THEIR REHABILITATION AND HELPS THEM TO ESTABLISH THEMSELVES ECONOMICALLY.

FINALLY, WE HAVE CREATED A SCHOLARSHIP IN THE NAME OF OUR FOUNDER, HENRY BUHL, AT THE METROPOLITAN COLLEGE OF NEW YORK. THE BUHL SCHOLARSHIP AWARDS A FULL SCHOLARSHIP TO AT LEAST TWO GRADUATES EACH YEAR, OFFERING THEM THE OPPORTUNITY TO PURSUE A DEGREE IN HUMAN SERVICES WHILE MAINTAINING THEIR EMPLOYMENT. GRADUATES ARE ELIGIBLE FOR THE BUHL SCHOLARSHIP WHEN THEY HAVE BEEN EMPLOYED FOR AT LEAST SIX MONTH AND DEMONSTRATED STABILITY AND COMMITMENT TO THEIR VOCATIONAL GOALS.

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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A DRAFT OF THE 990 IS PRESENTED BY THE CPA TO THE FOUNDER, EXECUTIVE AND
FINANCE DIRECTORS FOR REVIEW AND COMMENTARY. INTERNAL MEETINGS AND
DISCUSSIONS OCCUR PRIMARILY AMONG THOSE INDIVIDUALS WITH ADDITIONAL REVIEW
BY OTHER ACE PERSONNEL AND DIRECTORS, AS REQUIRED. COMMENTS, IF ANY, ARE
CLEARED INTERNALLY AND THEN WITH THE CPA IF ANY CHANGES ARE REQUIRED.
ONCE CLEARED AND ACCEPTED, THE RETURN IS SIGNED AND FILED WITH THE INTERNAL
REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICT OF INTEREST POLICY

A. MEMBERS OF THE BOARD SHALL NOT PERSONALLY BENEFIT AS A RESULT OF THEIR
BOARD INVOLVEMENT EXCEPT FOR REASONABLE COMPENSATION OF SERVICES RENDERED.
THE PURPOSE OF THIS PROVISION IS TO PREVENT BOARD MEMBERS FROM ACTING
PRIMARILY ON THE BASIS OF FINANCIAL SELF-INTEREST AND TO PREVENT THE
(ORGANIZATION) FROM OPERATING IN A MANNER THAT FAVORS BOARD MEMBERS TO THE
DETRIMENT OF OTHERS.

B. IN THE EVENT THAT THE BOARD CONSIDERS AN ISSUE THAT INVOLVES THE
FINANCIAL RELATIONSHIP BETWEEN THE ORGANIZATION AND A MEMBER OF THE BOARD,
THE BOARD MEMBER WILL DISCLOSE TO THE BOARD THE FINANCIAL RELATIONSHIP THAT
THE PARTICULAR BOARD MEMBER HAS, WITH RESPECT TO THE ISSUE, THE BOARD
MEMBER SHALL REFRAIN FROM VOTING ON THE MATTER.

C. BOARD MEMBERS WHO SERVE AS AN EMPLOYEE OR VOLUNTEER IN A DECISION MAKING
CAPACITY ON BEHALF OF ANOTHER ORGANIZATION WHICH THE (ORGANIZATION) IS
WORKING WITH OR TRANSACTING BUSINESS WITH, SHALL INFORM THE BOARD PRESIDENT
AND THE EXECUTIVE DIRECTOR AS TO THEIR INVOLVEMENT IN THE SAID

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D. IT SHOULD BE MENTIONED THAT THE CONFLICT OF INTEREST POLICY AS ENUMERATED HEREIN APPLIES TO A BOARD MEMBER'S IMMEDIATE FAMILY AS WELL AS THEMSELVES.

E. STAFF AND THEIR CURRENT SPOUSE, IF APPLICABLE, ARE RESTRICTED FROM SERVING AS VOTING MEMBERS OF THE BOARD AND FORMER STAFF MEMBERS ARE RESTRICTED AS VOTING MEMBERS FOR A PERIOD OF TWO YEARS FROM THE DATE OF THEIR SEPARATION AS THE STAFF MEMBER OF THE (ORGANIZATION).

F. STAFF SHALL NOT ENGAGE IN ANY OUTSIDE ACTIVITY OR EMPLOYMENT WHICH INVOLVES THE DIRECT OR INDIRECT USE OF INFORMATION OBTAINED AS AN EMPLOYEE WHICH SHALL PROVIDE FINANCIAL GAIN TO HIM OR HERSELF OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY WITHOUT THE EXPRESS CONSENT OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR SHALL NOT SIMILARLY ACT WITHOUT THE EXPRESS CONSENT OF THE PRESIDENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE PROCESS FOR DETERMINATION OF COMPENSATION INVOLVES A DOCUMENTED ANNUAL REVIEW CONDUCTED BY THE IMMEDIATE EMPLOYEE SUPERVISOR AT ALL LEVELS AND SUBSEQUENT WRITTEN COMMUNICATION WITH THE EXECUTIVE DIRECTOR AND/OR FOUNDER. COMPENSATION LEVELS ARE TARGETED PRIMARILY UPON MARKET CONDITIONS FOR SIMILIAR POSITIONS IN CONJUNCTION WITH INTERNAL BUDGETS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THIS PROCESS IS THE SAME AS PREVIOUSLY DESCRIBED FOR EXECUTIVE DIRECTOR AND OTHER MANAGEMENT OFFICIALS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

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**GOVERNING DOCUMENTS ARE EITHER POSTED AS PART OF THE ORGANIZATION'S WEBSITE
OR, MADE AVAILABLE UPON REQUEST FROM EITHER THE ORGANIZATION ITSELF, OR
THAT OF THE NYS ATTORNEY GENERAL CHARITY'S DEPARTMENT OFFICE.**