## Form 990-EZ

Department of the Treasury

Internal Revenue Service

## **Short Form Return of Organization Exempt From Income Tax**

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

Do not enter Social Security numbers on this form as it may be made public. By law, the
IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-1150

**Open to Public** Inspection

Α	For the	2016 calenda	ar year, or tax year beginning 01-01-2016, and ending 12-31-2016		·				
В	Check if a	ipplicable:	C Name of organization	D Emp	loyer ider	ntification number			
=	Address of	_	ASCEND - LEADERSHIP THROUGH ATHLETICS INC	46-338	0394				
=	Name cha	-	Number and street (or P. O. box, if mail is not delivered to street address) Room/suite	<b>E</b> Telep	hone num	ber			
=	Initial ret Final	curn	PO Box 11674	(202) (	03-9901				
	riilai m/terminat	ted		(202) 2	103-9901				
$\bigcirc$	Amended	l return	City or town, state or province, country, and ZIP or foreign postal code NORFOLK, VA23517		p Exemption	on			
	Application	on pending				Number 🕨			
_									
G A	Accountir	ng Method:	Cash Accrual Other (specify)	Check 🕨 🗌	if the or	ganization is <b>not</b>			
ΙV	Vebsite:	www.ascendat		required to	attach S	chedule B			
JΤ	ax-exem	pt status(check	conly one) -   501(c)(3)	(Form 990,	990-EZ,	or 990-PF).			
K F	orm of o	rganization: [	Corporation Trust Association Other_						
LA	dd lines	5b, 6c, and 7b	to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	l assets (Part	II, colum	ın (B) below) are			
\$50	0,000 or	r more, file For	m 990 instead of Form 990-EZ ▶ \$ 109,251						
P	art I	Revenue	, Expenses, and Changes in Net Assets or Fund Balances (see the ir	structions fo	r Part I)	_			
		Check if the	organization used Schedule O to respond to any question in this Part I			✓			
	1	Contributions	s, gifts, grants, and similar amounts received		1	107,848			
	2	Program serv	vice revenue including government fees and contracts		2	(			
	3	Membership	dues and assessments		3	(			
	4	Investment i	ncome		4	(			
	5a	Gross amoun	at from sale of assets other than inventory 5a	0					
	ь		other basis and sales expenses	0					
Œ	c		) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	(			
Ĭ	6	•	fundraising events						
Revenue	а	_	e from gaming (attach Schedule G if greater than \$15,000) . 6a	0					
œ	b	Gross income							
		from fundrais	sing events reported on line 1) (attach Schedule G if the						
		sum of such	gross income and contributions exceeds \$15,000) 6b	1,403	-				
	С		expenses from gaming and fundraising events 6c	1,269					
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	134			
	7a	Gross sales of	of inventory, less returns and allowances	0					
	b	Less: cost of	goods sold	0					
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	(			
	8	Other revenu	ne (describe in Schedule O)		8	(			
	9	Total reven	<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	107,982			
	10	Grants and s	imilar amounts paid (list in Schedule O)		10	(			
	11	Benefits paid	to or for members		11	(			
	12	Salaries, oth	er compensation, and employee benefits		12	(			
	13	Professional	fees and other payments to independent contractors		13	(			
S	14	Occupancy, r	ent, utilities, and maintenance		14	6,989			
Expenses	15	• • •	lications, postage, and shipping		15	558			
R	16		ses (describe in Schedule O)		16	85,777			
ш	17	-	ses. Add lines 10 through 16		17	93,324			
	18	-	eficit) for the year (Subtract line 17 from line 9)		18	14,658			
ħ	19	•	fund balances at beginning of year (from line 27, column (A)) (must agree with		10	17,030			
Š			figure reported on prior year's return)		19	23			
Net Assets	20	•	es in net assets or fund balances (explain in Schedule O)		20	۲.			
	21	_	fund balances at end of year. Combine lines 18 through 20		21	14,681			
		THE GOODIS UI	Tarra pararrees at erra or year compile miles to through at			T-1.001			

		(	<b>A)</b> Beginning of y	ear/		(B) End of year	
22 Cash, savings, and investments				23	22	14,681	
23 Land and buildings				0	23	0	
<b>24</b> Other assets (describe in Schedule 0)				0	24	0	
25 Total assets				23	25	14,681	
26 Total liabilities (describe in Schedule	0)			0	26	0	
27 Net assets or fund balances (line 27	7 of column (B) <b>must</b> agree with	line 21)		23	27	14,681	
Check if the organization use What is the organization's primary exempt sports.	· · · · · · · · · · · · · · · · · · ·	uestion in this Part III ship skills in young wo	men through	501	quired 1	rpenses for section 501(c)(3) and organizations; optional )	
Describe the organization's program service measured by expenses. In a clear and concepned benefited, and other relevant information for	ise manner, describe the services						
<b>28</b> Leadership training: In 2016 we provide 15-23; each participant completed a 6-day-conflict resolution, public speaking, goal set beneficiaries include 224 immediate family motivational talks at school.	-a-week curriculum of classroom a tting, self esteem development, a members and more than 3,000 gi	and practical training in nd trauma resiliency. I irls and boys who rece	communication, ndirect				
(Grants \$ 0) If this amount includes foreign	5 ,	▶ □		28a		23,803	
29 Mountaineering training & expeditions: physical fitness and technical training cours strength building; rock climbing; first aid as mountain climbing skills. We provided quali learned in remote, safe locations.  (Grants \$ 0) If this amount includes foreign  30 Community engagement: In 2016 our 2	ses. Our participants learned and pand self care; essential backcountry ty gear, clothing, and instruction, a grants, check here	practiced basic aerobic y skills; and beginning and they put into prace a required to implemen	fitness and -to-intermediate tice what they t a project of	29a		44,574	
their own choosing to assist in their commu at a shelter; teaching literacy, physical fitne and teaching art to school-aged orphan chil project each week to complete a minimum (Grants \$ 0) If this amount includes foreign	ess, and computer skills at a cente Idren. Each participant maintained of 6 hours of volunteer work.	er for vulnerable wome	n and children;	30a		17,400	
<b>31</b> (Grants \$ ) If this amount includes foreign	n grants, check here	<b>&gt;</b>		31a		<u> </u>	
32 Total program service expenses (ad	d lines 28a through 31a)		▶	32		85,777	
	<b>Trustees, and Key Employees</b> of Schedule O to respond to any quarter of the control of the cont		compensated - see	the ins		s for Part IV)	
(a) Name and title	<b>(b)</b> Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid enter -0-)	(d) Health contributions benefit and deferred	to em plans,	ployee	(e) Estimated amount of other compensation	
Marina LeGreePresident	40	,	0		(	0	
Susan CorkeSecretary/Treasurer	1		0		(	0	
Ahmad Faisal NaziryDirector	10		0		(	0	

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

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Other Information

Part V

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 No detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy 34 No 34 of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a activities (such as those reported on lines 2, 6a, and 7a, among others)? 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 b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) 35c С Nο notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during 36 36 No the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 37a b Did the organization file **Form 1120-POL** for this year? 37b No Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a No b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a а Gross receipts, included on line 9, for public use of club facilities h Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 40b No 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization С managers or disqualified persons during the year under sections4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursedby the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e No transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed.  $\blacktriangleright$  VAThe organization's books are in care of Marina LeGree Telephone no. (202) 403-9901 Located at PO Box 11674NORFOLK, VA ZIP + 4 23517 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a Yes No financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b No 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)** At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c Yes If "Yes," enter the name of the foreign country: AF 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 Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a No Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed 44b No instead of Form 990-EZ 44c Did the organization receive any payments for indoor tanning services during the year? No If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? No 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 No 

(Note the Schedule A and personal benefit contract statement requirements in the

10								Yes	No
46		organization engage, directly or ites for public office? If "Yes," con		ın activities on behalf of	or in oppositio	n to	46		No
Pa	rt VI	Section 501(c)(3) organ All section 501(c)(3) organ and 51		uestions 47-49b and	d 52, and co	mplete the t	ables	for line	s 50
		Check if the organization used S	chedule O to respond to any	question in this Part VI	•				[
47	Did il.	to-the consequents to be between	and the same transfer of the same	01/6) -	looden Heering		47	Yes	No
47		Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II							No
48	Is the o	organization a school as described	I in section 170(b)(1)(A)(ii)?	If "Yes," complete Sched	dule E		48		No
49a	Did the	organization make any transfers	to an exempt non-charitable	related organization?			49a		No
b	If "Yes,	" was the related organization a s	section 527 organization?				49b		No
50		te this table for the organization' ch received more than \$100,000					key em	ployees	)
	(a) Nam	e and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	contribution benefit plan	th benefits, as to employee s, and deferred ensation	of otl		d amount pensation
NON	E								
				+					
51	Comple	tal number of other employees parties that table for the organization' asation from the organization. If t	s five highest compensated ir here is none, enter "None."				•		
		(a) Name and business addr	ress of each independent cont	ractor	(b) Type	of service	(c)	Compe	nsation
NON	E								
d		tal number of other independent	_			_			
		tal number of other independent organization complete Schedule	_		ttach acomplet	ed Schedule A	<b>▼</b>	Yes 🗌	No
52 Unde	Did the	•	A? <b>NOTE.</b> All Section 501(c)(	(3) organizations must a	ttach acomplet	ed Schedule A • ments, and to the	he best	of my kı	nowledge
52 Unde	Did the	organization complete Schedule es of perjury, I declare that I have	A? <b>NOTE.</b> All Section 501(c)(	(3) organizations must a	ttach acomplet lules and state II information o	red Schedule A	he best	of my kı	nowledge
Unde	Did the penaltic belief, it is	organization complete Schedule es of perjury, I declare that I have s true, correct, and complete. Dec	A? <b>NOTE.</b> All Section 501(c)(	(3) organizations must a	ttach acomplet lules and state II information o	ed Schedule A	he best	of my kı	nowledge
Under and b	Did the penaltic belief, it is	organization complete Schedule es of perjury, I declare that I have s true, correct, and complete. Dec	A? <b>NOTE.</b> All Section 501(c)(	(3) organizations must a	ttach acomplet lules and state Il information o	ed Schedule A	he best	of my kı	nowledge
Under and b	Did the penaltic belief, it is	organization complete Schedule es of perjury, I declare that I have s true, correct, and complete. Dec	A? <b>NOTE.</b> All Section 501(c)(	(3) organizations must a	ttach acomplet  Iules and state Il information of  201  Date	red Schedule A	he best	of my kı	nowledge
Under and b	Did the er penaltic belief, it is	organization complete Schedule es of perjury, I declare that I have strue, correct, and complete. Dec  Signature of officer Marina LeGree President  Type or print name and title  Print/Type preparer's name	A? <b>NOTE.</b> All Section 501(c)(e examined this return, include laration of preparer (other the	(3) organizations must a	ttach acomplet  Iules and state II information of  201  Date  Date	ed Schedule A	he best er has a	of my kı	nowledge
Sign Her Pai	Did the penaltic belief, it is need deparer	organization complete Schedule es of perjury, I declare that I have strue, correct, and complete. Dec  Signature of officer Marina LeGree President  Type or print name and title  Print/Type preparer's name  Firm's name	A? <b>NOTE.</b> All Section 501(c)(e examined this return, include laration of preparer (other the	(3) organizations must a	ttach acomplet  Iules and state II information of  201  Date  Date	red Schedule A	he best er has a	of my kı	nowledge
Sign Her Pai	Did the er penaltic belief, it is	organization complete Schedule es of perjury, I declare that I have strue, correct, and complete. Dec  Signature of officer Marina LeGree President  Type or print name and title  Print/Type preparer's name  Firm's name	A? <b>NOTE.</b> All Section 501(c)(e examined this return, include laration of preparer (other the	(3) organizations must a	ttach acomplet  I	ed Schedule A	he best er has a	of my kı	nowledge

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Software ID: Software Version:

**EIN:** 46-3380394

Name: ASCEND - LEADERSHIP THROUGH ATHLETICS INC

Form 990-EZ, Special Condition Description:

**Special Condition Description**