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 foundations)

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2016

Open to Public Inspection

Address change Name change Initial return Final return/leminated Application pending Accounting Method: Spring G Accounting Meth	B		f applicable: C. Name of association	,	
The part of the	L		s change	D Employer id	entification number
Partial Remains Partial Re		Name o	National III DOLL II III III III III III III III III I		
Anotheristic presents Clay to those, states or province, country, and 2/P or foreign postal code TX 77379 F Group Exemption Accounting Method: Clash Accrual Other (specify)		Initial re	turn Number and street (or P.O. box, it mail is not delivered to street address) Room/suite	E Telephone n	umber
Application peopling Spring		Final retu		(713)	416-9475
Revenue Reve		Amende	city or town, state or province, country, and ZIP or foreign postal code	F Group Ex	emotion
Website: \(\) \	L	Applica	ion pending Spring TX 77379	Number .	>
Taxexempt status (check only one) — Soft(c)(3 501(c)(1) √(insert no. 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF).	G				
K Form of organization:	1				
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form 990-EZ.	J	Tax-ex	empt status (check only one) — $\boxed{\mathbb{X}}$ 501(c)(3) $\boxed{\hspace{0.1cm}}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{\hspace{0.1cm}}$ 4947(a)(1) or $\boxed{\hspace{0.1cm}}$ 527 (Form	990, 990-EZ,	or 990-PF).
assets (Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. F3 47,798. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I	K				
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add li asset	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	47.798
Check if the organization used Schedule O to respond to any question in this Part I	P				
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 2 3 Membership dues and assessments 3 4 Investment income 5 6 6 7 6 7 7 7 7 7 7			Check if the organization used Schedule O to respond to any question in this Part I		X
2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 5 a 6 5 a 5 5 5 5 5 5 5 5	20	1			
3 Membership dues and assessments 4 Investment income		2	Program service revenue including government fees and contracts	2	47,770.
4 Investment income		3			
5 a Gross amount from sale of assets other than inventory		4			20
b Less: cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 C 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). See Form 990-EZ, Part Line 16 Other Expenses 17 49, 453. A Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Co		5a	Gross amount from sale of assets other than inventory		20.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). d Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. 7 b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). See L-10 Stmt. 10 46, 500. 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Printing, publications, postage, and shipping. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). See Eom 900-EQ Part Line 16 Other Expenses 17 49, 453. A Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Net assets or fund balances at end of year. Combine lines 18 through 20. 20 Net assets or fund balances at end of year. Combine lines 18 through 20.		1011			
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 47, 798. 10 Grants and similar amounts paid (list in Schedule O) See. L-10, Stmt 10 46,500. 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) See Form 99-EZ, Part, Line 16, Other Expenses 17 17 Total expenses. Add lines 10 through 16 19 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 181, 655. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 19, 1863. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 50, 208.				5.0	
a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6 a l b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 6 b l c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6 d 7a Gross sales of inventory, less returns and allowances . 7a l b Less: cost of goods sold . 7b l c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 Other revenue (describe in Schedule O) . 8					
of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 to 8 Other revenue (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20.	R	NECT			
of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 to 8 Other revenue (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20.	V	b			
of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 to 8 Other revenue (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20.	E	~			
c Less: direct expenses from gaming and fundraising events	U		of such gross income and contributions exceeds \$15,000) 6 b		
6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (ind balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Vet assets or fund balances at end of year. Combine lines 18 through 20.		С			
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 S1, 863. 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20.		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 a	Gross sales of inventory, less returns and allowances		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		b	Less: cost of goods sold		
8				7с	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9). Net assets or fund balances at end of year. Combine lines 18 through 20. Net assets or fund balances at end of year. Combine lines 18 through 20. Net assets or fund balances at end of year. Combine lines 18 through 20. See. L-1,0 Stmt. 10 46,500. 46,500. 11 10 46,500. 12 11 11 11 11 11 11 11 11 11 11 11 11 1		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	47 798
11 Benefits paid to or for members 11 12 12 13 12 13 14 15 15 15 15 16 17 16 10 16 10 16 17 17 18 18 18 18 19 18 19 19		10	Grants and similar amounts paid (list in Schedule O)	10	
Professional fees and other payments to independent contractors 13		11			10/300.
Professional fees and other payments to independent contractors 13	E	12	Salaries, other compensation, and employee benefits	12	
14 Occupancy, rent, utilities, and maintenance					
16 Other expenses (describe in Schedule O)	N	14		The state of the s	
16 Other expenses (describe in Schedule O)	E	15			***************************************
17 Total expenses. Add lines 10 through 16	S				2 053
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total expenses. Add lines 10 through 16	> 17	
NS NS EE TT S 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	AS				-1,000.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	NS	19	figure reported on prior year's return)	19	E1 062
21 Net assets or fund balances at end of year. Combine lines 18 through 20	TT	20			31,003.
	9			AN ON THE PUBLISH AND	EO 200
	B				

Form	990-EZ (2016) SOS Guardian An	gel Education Fund	, Inc.	26	-257	6102 Page 2
Par	til Balance Sneets (see the inst	ructions for Part II)				v
_	Check if the organization used Sched	ule O to respond to any quest	on in this Part II			
22	Cash, savings, and investments		_ (/	N) Beginning of yea		(B) End of year
23	Land and buildings			51,863 0		50,058.
24	Land and buildings Other assets (describe in Schedule O)	See L-24 Str	nt	0	24	150.
25	Total assets			51,863		50,208.
26	Total liabilities (describe in Schedule O) .		********	0	26	0.
27	Net assets or fund balances (line 27 of o			51,863		50,208.
Par		ccomplishments (see the ins	structions for Part III)			Expenses
1A/hat	Check if the organization used School	edule O to respond to any que	stion in this Part III		(Requ	ired for section 501
Desc	is the organization's primary exempt purpose? <u>Ed</u> tribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	ucation and schola omplishments for each of its the nanner, describe the services	rship support bree largest program ser provided, the number of	vices, as persons	(c)(3) organ for oth	and 501(c)(4) izations; optional ners.)
28	Tuition and scholarship of	uppost for the up	11			
7.7	Tuition and scholarship s Maya in the province of C	upport for the und	<u>merprivileged</u>			
				ALL PRODUCTION AND ADDRESS OF THE PARTY OF T		
	(Grants \$ 46.500) If th	is amount includes foreign gra	nts check here		28 a	40 010
29	10/000.7	3.3.		21	200	49,218.
	(Grants \$) If the	is amount includes foreign gra	nts, check here		29 a	
30						
	(Grants \$) If the	s amount includes foreign gra	nts, check here		30 a	
31	Other program services (describe in Sched					
	(Grants \$) If thi	s amount includes foreign gra	nts, check here		31 a	
32	Total program service expenses (add lin	es 28a through 31a)			32	49,218.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one eve	n if not compensated -	see the	e instructions for Part IV)
	Check if the organization used Sche	edule O to respond to any que	stion in this Part IV			
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe compensation	vee	(e) Estimated amount of other compensation
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe	yee rred	(e) Estimated amount of
Pre	(a) Name and title onio Rodriguez sident	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employ benefit plans, and defe	vee	(e) Estimated amount of
<u>Pre</u> <u>Dia</u>	(a) Name and title onio Rodriguez sident na Rodriguez	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe	yee rred	(e) Estimated amount of other compensation
Pre Dia Dir	(a) Name and title onio Rodriguez sident na Rodriguez ector	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe	yee rred	(e) Estimated amount of other compensation
Dia Dir Rob	(a) Name and title onio Rodriguez sident na Rodriguez ector eert Zerda	(b) Average hours per week devoted to position 3.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe	yee rred 0.	(e) Estimated amount of other compensation 0.
Dia Dir Rob Sec	(a) Name and title onio Rodriguez sident na Rodriguez ector eert Zerda eretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe	yee rred	(e) Estimated amount of other compensation
Dia Dir Rob Sec Kat	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda	(b) Average hours per week devoted to position 3.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe	O.	(e) Estimated amount of other compensation 0.
Pre Dia Dir Rob Sec Kat	(a) Name and title Onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda	(b) Average hours per week devoted to position 3.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe	yee rred 0.	(e) Estimated amount of other compensation 0.
Pre Dia Dir Rob Sec Kat Dir Mar	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda	(b) Average hours per week devoted to position 3.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0.	(e) Estimated amount of other compensation 0. 0.
Pre Dia Dir Rob Sec Kat Dir Mar Dir	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia	(b) Average hours per week devoted to position 3.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe	O.	(e) Estimated amount of other compensation 0.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title Onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia	(b) Average hours per week devoted to position 3.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda retary herine Zerda ector ta Mejia ector even Dalhoff	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
Pre Dia Dir Rob Sec Kat Dir Mar Ste	(a) Name and title onio Rodriguez sident na Rodriguez ector ert Zerda ertary herine Zerda ector ta Mejia ector ven Dalhoff asurer	(b) Average hours per week devoted to position 3.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to employ benefit plans, and defe	0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.

Form 990-EZ (2016)	SOS	Guardian	Angel	Education	Fund.	Inc

1	-	0	-	76	10	0
/	n-	. /	7	10		1/

Page 3

Par	tv Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
33			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	103	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
272.0	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
h	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X_
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant			7
27.	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0. Did the organization file Form 1120-POL for this year?	27.6		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37 b		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	amount involved			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 : section 4912 : section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	406		
C	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
71	List the states with which a copy of this return is filed			
42a	The organization's			
	books are in care of ► Steve Dalhoff Telephone no. ► (713)	416-	947	5
	Located at ► 17918 Mahogany Forest Dr. Spring TX ZIP+4 ► 77379			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-	Yes	No
	If 'Yes,' enter the name of the foreign country:	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If 'Yes,' enter the name of the foreign country:	-		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	• • • •		
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ			1450
C	Did the organization receive any payments for indoor tanning services during the year?	44 b		X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	740		Λ
	If 'No,' provide an explanation in Schedule O	44 d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any nayment from or organization with a controlled entity within the magning of continue flag (12/L)/12/2 If 1/L-1		STATE OF THE PARTY	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

Form 990-E	Z(2016) SOS Guardian	Angel Education Fu	nd, Inc.	26-25	76102 Page 4
candi	dates for public office? If 'Yes,'	or indirectly, in political campaig complete Schedule C, Part I	n activities on behalf of or i	n opposition to	Yes No X
Part VI		inizations only ganizations must answer q	uestions 47-49b and 5	52, and complete th	e tables
-	Check if the organization use	d Schedule O to respond to any	question in this Part VI		
comp	lete Schedule C, Part II	ring activities or have a section 50			47 X
49 a Did the	ne organization make any transi s,' was the related organization	fers to an exempt non-charitable a section 527 organization?	related organization?		49a X
50 Comp emple	oyees) who each received more	ion's five highest compensated en than \$100,000 of compensation	mployees (other than office from the organization. If th	rs, directors, trustees a ere is none, enter 'None	nd key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None					
51 Com	number of other employees pa plete this table for the organizat ensation from the organization.	ion's five highest compensated in	dependent contractors who	each received more th	an \$100,000 of
	(a) Name and business address of each i	independent contractor	(b) Type	of service	(c) Compensation
None					
52 Did th	ne organization complete Sched	contractors each receiving over \$1 dule A? Note : All section 501(c)(3	s) organizations must attach		► X Yes No
Under penaltie true, correct, a	s of perjury, I declare that I have examine nd complete. Declaration of preparer (other	ed this return, including accompanying sched er than officer) is based on all information of	lules and statements, and to the bes	st of my knowledge and belief, it	t is
Sign	Signature of officer	F. Dally 8		04/25/17 Date	
Here	Steven F Dalhof: Type or print name and title	f		Treasurer	
	Print/Type preparer's name	Preparer's signature	Boro Date	Check X if	PTIN
Paid	Steven F. Dalhoff	Steven F. Da		CHOCK II	P00358065
Preparer		. Dalhoff, CPA			
Use Only	Firm's address ► 17918 Mai	hogany Forest Dr.	mv 77270	Firm's EIN Phone no. 17	12) 416 0475
May the IR		reparer shown above? See instruc	TX 77379	[Filone no. (*/	13) 416-9475 ► X Yes No
	min rotain with the pr	Sparor shown above; See institut	CHOHA		Form 990-F7 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Employer identification number SOS Guardian Angel Education Fund, Inc. 26-2576102 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E) Total

Part II S	upport Schedule for	Organizations Described in 9	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
-----------	---------------------	------------------------------	-------------------------------	------------------

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

Sec	tion A. Public Support		polow, picase coi				
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities						
	First five years. If the Form 990 is organization, check this box and st	op here		third, fourth, or fiftl	h tax year as a sec	tion 501(c)(3)	. , •
Sec	tion C. Computation of Pul Public support percentage for 2016	olic Support F	Percentage				
14	Public support percentage for 2016 Public support percentage from 20	(line 6, column (1) divided by line 1	1, column (f))			%
2000	33-1/3% support test—2016. If the and stop here. The organization q	e organization did	not check the box	on line 13, and lin	ne 14 is 33-1/3% or	more check this h	% pox
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did	not check a box or	n line 13 or 16a, ar	nd line 15 is 33-1/3	% or more check t	his hox
17a	10%-facts-and-circumstances te or more, and if the organization method the organization meets the facts-a	st—2016. If the oreets the 'facts-and nd-circumstances	ganization did not -circumstances' te ' test. The organiza	check a box on lin st, check this box ation qualifies as a	ne 13, 16a, or 16b, and stop here. Exp a publicly supported	and line 14 is 10% plain in Part VI how organization	▶ []
	10%-facts-and-circumstances te or more, and if the organization meorganization meets the 'facts-and-circumstant' or a constant of the constant	eets the 'facts-and circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a pub	and stop here. Exp blicly supported org	olain in Part VI how Janization	the ▶
18	Private foundation. If the organization	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ons ▶

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

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

Sec	tion A. Public Support	s noted below, pica	se complete i ait ii	.)			
Calen	dar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	21,805.	87,245.	39,773.	66,830.	47,778.	263,431.
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		077210.	33,773.	00,000.	47,770.	203, 431.
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	21,805.	87,245.	39,773.	66,830.	47,778.	263,431.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	13,225.	15,100.	10,871.			
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	13,223.	15,100.	10,671.	17,250.	16,500.	72,946.
C	Add lines 7a and 7b	13,225.	15,100.	10,871.	17,250.	16,500.	72,946.
8	Public support. (Subtract line 7c from line 6.)						190,485.
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	21,805.	87,245.	39,773.	66,830.	47,778.	263,431.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	200.	128.	53.	34.	20.	435.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	200.	128.	53.	34.	20.	435.
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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	22,005.	87,373.	39,826.	66,864.	47,798.	263,866.
	First five years. If the Form 990 is organization, check this box and st	op here	<u> </u>	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ 🔲
N. Water	tion C. Computation of Pul						
15	Public support percentage for 2016						72.19 %
16	Public support percentage from 20	15 Schedule A, Pa	rt III, line 15			16	76.07 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for						0.16 %
18	Investment income percentage from	m 2015 Schedule A	A, Part III, line 17 .			18	0.42 %
	33-1/3% support tests—2016. If the is not more than 33-1/3%, check the	nis box and stop he	ere. The organization	on qualifies as a p	ublicly supported o	rganization	7 ► X
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, or	check this box and	stop here. The org	anization qualifies	s as a publicly supp	orted organization	
20	Private foundation. If the organization	ation did not check	a box on line 14, 1	9a, or 19b, check	this box and see in	structions	

	990 or 990-EZ), Supplemental Information to F I, Line 16 Other Expenses	Form 990 or 990-EZ	
Other expenses (de School suppli	escribe in Schedule O)	2,718.	
Office suppli	es; bank charges	235.	
Total		2,953.	
Schedule O (Form 9 Form 990-EZ, Part	990 or 990-EZ), Supplemental Information to F I, Line 10 Grants and Similar Amounts Paid	Form 990 or 990-EZ	
Purpose of Paymer	nt Tuition and teacher salary suppor	t for education of the indi	genous Maya children.
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Education	Business X Person Caritas Diocesana del Quiche 6a Calle 10-10 Zona 3 Santa Cruz del Quiche, Guatemala	None	22,500.
If property other that Description of Prop Date of Gift		ormation needs to be pro	vided:
Book Value	How Book Value	e Determined	
FMV	How FMV De	etermined	
Purpose of Paymer	nt Tuition and teacher salary suppor	t for education of the indi	genous Maya children.
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Education	BusinessX Person Colegio Nuestra Senora del Rosario Chiche Guatemala	None	6,000.
	nn cash was given, the following additional info erty.	ormation needs to be pro	
Book Value	How Book Value	Determined	
FMV	How FMV De	etermined	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payme	ent Teacher salary support for ed	ucation of the indigen	ous Maya children.
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Education	Business X Person Centro Educativo Annunciata 5th Av 1085 Arco Gucumatz Salida el Quiche Chichicastenango, Guatemala	None	3,000.
Description of Pro	nan cash was given, the following additional inforperty.	mation needs to be pro	vided:
Book Value	How Book Value	Determined	
FMV	How FMV Det	ermined	
Purpose of Payme	ent <u>Teacher salary support for ed</u>	ucation of the indigen	ous Maya children.
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Education	BusinessX Person None Hermano Pedro School Chiche Guatemala		10,000.
Date of Gift Book Value	Poperty. How Book Value	Determined	
FMV	How FMV Det	ermined	
Purpose of Paymo	ent Teacher salary support for ed	lucation of the indigen	ous Maya children.
Class of Activity	y Grantee's Name and Address	Grantee's Relationship	Amount Given
Education	BusinessX Person Lancetillo School Uspantan el Quiche Guatemala	None	5,000.
Description of Pro	han cash was given, the following additional info	rmation needs to be pro	vided:
Book Value	How Book Value	Determined	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Donated items		150.
Total		150.