

Form **990**

OMB No. 1545-0047

# 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)

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2004 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> <b>SOLDIERS ANGELS</b>		<b>D Employer identification no.</b> <b>20-0583415</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1792 E. WASHINGTON BLVD</b>		<b>E Telephone number</b>
		City or town, state or country, and ZIP + 4 <b>PASADENA CA 91104</b>		<b>F Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **B** and **I** are not applicable to section 527 organizations.

**G Website:** **SOLDIERSANGELS.ORG**

**J Organization type**  
(check only one)  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," att. a list. See instr.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: \_\_\_\_\_  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **367,430**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

<b>R e v e n u e</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>367,428</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>367,428</b> noncash \$ _____)	<b>1d</b>			<b>367,428</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>2</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	<b>(A) Securities</b>		<b>(B) Other</b>		
	<b>8a</b>				
	<b>8b</b>				
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>367,430</b>	
<b>E x p e n s e s</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>328,677</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>15,211</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>18,986</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>362,874</b>
<b>A s s e t s</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>4,556</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>4,556</b>

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	3,000	3,000	
32	Legal fees	32	796	796	
33	Supplies	33			
34	Telephone	34	4,832	4,832	
35	Postage and shipping	35	49,110	49,080	30
36	Occupancy	36	539	539	
37	Equipment rental and maintenance	37	77	77	
38	Printing and publications	38			
39	Travel	39	490	490	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	44	44	
43	Other expenses not covered above (itemize): a	43a			
	b <b>SEE STATEMENT 1</b>	43b	303,986	279,553	5,447
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-154	44	362,874	328,677	15,211

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
▶ <b>SEE STATEMENT 2</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a	
(Grants and allocations \$ _____)	
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) <b>SEE STMT 3</b>	328,677
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	328,677

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year	(B) End of year
<b>45</b>	Cash-non-interest-bearing		<b>13,858</b>
<b>46</b>	Savings and temporary cash investments		
<b>47a</b>	Accounts receivable	<b>3,053</b>	
<b>b</b>	Less: allowance for doubtful accounts		<b>3,053</b>
<b>48a</b>	Pledges receivable		
<b>b</b>	Less: allowance for doubtful accounts		
<b>49</b>	Grants receivable		
<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule)		
<b>51a</b>	Other notes and loans receivable (attach schedule)		
<b>b</b>	Less: allowance for doubtful accounts		
<b>52</b>	Inventories for sale or use		
<b>53</b>	Prepaid expenses and deferred charges		
<b>54</b>	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
<b>55a</b>	Investments-land, buildings, and equipment: basis		
<b>b</b>	Less: accumulated depreciation (attach schedule)		
<b>56</b>	Investments-other (attach schedule)		
<b>57a</b>	Land, buildings, and equipment: basis	<b>885</b>	
<b>b</b>	Less: accumulated depreciation (attach schedule)	<b>44</b>	<b>841</b>
<b>58</b>	Other assets (describe _____ )		
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>0</b>	<b>17,752</b>
<b>60</b>	Accounts payable and accrued expenses		<b>13,196</b>
<b>61</b>	Grants payable		
<b>62</b>	Deferred revenue		
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)		
<b>b</b>	Mortgages and other notes payable (attach schedule)		
<b>65</b>	Other liabilities (describe _____ )		
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)	<b>0</b>	<b>13,196</b>
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
<b>67</b>	Unrestricted		<b>4,556</b>
<b>68</b>	Temporarily restricted		
<b>69</b>	Permanently restricted		
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
<b>70</b>	Capital stock, trust principal, or current funds		
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund		
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds		
<b>73</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21)	<b>0</b>	<b>4,556</b>
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>0</b>	<b>17,752</b>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



<b>Part VI Other Information</b> (See page 28 of the instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	78b	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
<b>b</b>	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b>	Enter direct and indirect political expenditures. See line 81 instructions	81a	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	81b	X
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
<b>c</b>	Dues, assessments, and similar amounts from members	85c	
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	86a	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	87a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> <u>0</u> ; section 4912 <input type="checkbox"/> <u>0</u> ; section 4955 <input type="checkbox"/> <u>0</u>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> <u>CA SC</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
<b>91</b>	The books are in care of <input type="checkbox"/> <u>PATTI BADER</u> Telephone no. <input type="checkbox"/> Located at <input type="checkbox"/> <u>PASADENA, CA</u> ZIP + 4 <input type="checkbox"/> <u>91104</u>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <u>92</u>	92	

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies .....					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments .....					<b>2</b>
<b>96</b> Dividends and interest from securities .....					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property .....					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....					
<b>101</b> Net income or (loss) from special events .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0		0	2
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) .....					2

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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

Signature of officer: **PATTI BADER** Date: \_\_\_\_\_  
FOUNDER

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: **MARK J. CONCIALDI, CPA** Date: **7/08/06** Check if self-employed:  Preparer's SSN or PTIN (See Gen. Instr. W): **P00532928**

Firm's name (or yours if self-employed), address, and ZIP + 4: **MARK J. CONCIALDI, CPA**  
**408 S ROSEMEAD BLVD STE 12**  
**PASADENA, CA 91107-4971** EIN: **95-3995621** Phone no.: **626-578-0203**



**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property? .....	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit? .....	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities? .....	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets? .....	<b>2e</b>	<b>X</b>
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) .....	<b>3a</b>	<b>X</b>
<b>b</b>	Do you have a section 403(b) annuity plan for your employees? .....	<b>3b</b>	<b>X</b>
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....	<b>4a</b>	<b>X</b>
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....	<b>4b</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►** .....
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

**N/A**

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-			
<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>			
Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .		
Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .		
Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
Over \$17,000,000 . . . . .	\$1,000,000 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers . . . . .
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.) . . . . .
- c** Media advertisements . . . . .
- d** Mailings to members, legislators, or the public . . . . .
- e** Publications, or published or broadcast statements . . . . .
- f** Grants to other organizations for lobbying purposes . . . . .
- g** Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i** Total lobbying expenditures (Add lines **c** through **h**.) . . . . .

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Federal Statements****Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
GENERAL DONATIONS	\$ 314,432	\$	\$ 314,432
CARE PACKAGE	28,311		28,311
SCARVES	3,741		3,741
BACKPACKS	4,299		4,299
WOUNDED SOLDIERS	16,645		16,645
TOTAL	\$ <u>367,428</u>	\$ <u>0</u>	\$ <u>367,428</u>

**Federal Statements**

**Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
MILAGE	134		134	
DUES	115		115	
PAYPAL FEES	2,766			2,766
BOARD EXPENSES	1,190		1,190	
OFFICE EXPENSES	2,793		2,793	
MISC.	18,696	18,696		
WEB PAGE	6,131			6,131
PROMOTIONAL ITEMS	10,089			10,089
LICENSES	175		175	
CARE PACKAGES	170,114	170,114		
SCARVES	4,309	4,309		
PHONE CARDS	2,823	2,823		
WOUNDED	80,775	80,775		
MORALE	2,836	2,836		
BANK FEES	1,040		1,040	
TOTAL	\$ 303,986	\$ 279,553	\$ 5,447	\$ 18,986

**Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose**

MAKING AND SENDING OF CARE PACKAGES TO THE MILITARY TROOPS OVERSEAS AS WELL AS STATESIDE. SENDING OR PLANTING A LIVING TREE ON BEHALF OF EVERY SOLDIER THAT DIES IN THE LINE OF DUTY. GATHERING ITEMS AND MONEY TO SEND TO WOUNDED SOLDIERS AND THEIR FAMILIES.

**Statement 3 - Form 990, Part III, Line e - Other Program Services**

MAKING AND SENDING OF CARE PACKAGES TO THE MILITARY TROOPS OVERSEAS AS WELL AS STATESIDE. SENDING OR PLANTING A LIVING TREE ON BEHALF OF EVERY SOLDIER THAT DIES IN THE LINE OF DUTY. GATHERING ITEMS AND MONEY TO SEND TO WOUNDED SOLDIERS AND THEIR FAMILIES.

**Depreciation and Amortization**

OMB No. 1545-0172

Form **4562**

(Including Information on Listed Property)

**2004**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No. **67**

Name(s) shown on return

**SOLDIERS ANGELS**

Identifying number  
**20-0583415**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	44

**Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	0
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see page 8 of the instructions)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	44
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2004)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions) 26 Property used more than 50% in a qualified business use (see page 8 of the instructions): 27 Property used 50% or less in a qualified business use (see page 8 of the instructions): 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions): 43 Amortization of costs that began before your 2004 tax year 44 Total. Add amounts in column (f). See page 12 of the instructions for where to report

04014 SOLDIERS ANGELS  
 20-0583415  
 FYE: 12/31/2004

07/08/2006 2:24 PM

**Federal Asset Report**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>										
I	Office Equipment	10/04/04	885				885	5 MO S/L	0	44
	<b>Total Other Depreciation</b>		<u>885</u>				<u>885</u>		<u>0</u>	<u>44</u>
	<b>Total ACRS and Other Depreciation</b>		<u>885</u>				<u>885</u>		<u>0</u>	<u>44</u>
	<b>Grand Totals</b>		885				885		0	44
	<b>Less: Dispositions</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>885</u>				<u>885</u>		<u>0</u>	<u>44</u>

04014 SOLDIERS ANGELS  
 20-0583415  
 FYE: 12/31/2004

07/08/2006 2:24 PM

## AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179168(k)	Sec	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>										
	1 Office Equipment	10/04/04	0				0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0				0		0	0
	<b>Less: Dispositions</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>