EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form 990 (2014)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

A	FOI	ne 2014 calendar year, or tax year beginning	and ending		
В	Cneck			D Employer identif	ication number
	A _Jcha	dress SOLDIERS' ANGELS			
		nge Doing business as		20-0	583415
	lniti retu		Room/suite	E Telephone numbe	er
	Fina	m/ 2700 NE EOOI 410, BOILE 310		(210) 629-0020/
_	tern	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,616,607.
	lretu			H(a) Is this a group r	eturn
L	App	F Name and address of principal officer:ATT FALFIER		for subordinates	? Yes X No
***************************************		SAME AS C ABOVE		H(b) Are all subordinates i	ncluded7 Yes No
		xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)	(1) or 527	If "No," attach a	list. (see instructions)
_		site: ► SOLDIERSANGELS.ORG		H(c) Group exemptio	
	Form art I	of organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2004 A	✓ State of legal domicite: NV
(1)	1	Briefly describe the organization's mission or most significant activities: SOI	DIERS'	ANGELS MISS	ION IS TO
Activities & Governance		PROVIDE AID AND COMFORT TO THE MEN AND	WOMEN O	F THE U.S.	MILITARY
srus	2	Check this box if the organization discontinued its operations or dis			
Š	3	Number of voting members of the governing body (Part VI, line 1a)	•	3	. 8
ජ	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	7
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	11
Σ	6	Total number of volunteers (estimate if necessary)		6	10000
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	* * * * * * * * * * * * * * * * * * * *		0.
	b	Net unrelated business taxable income from Form 990-T, line 34	********************************	7ь	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		3,203,523.	4,517,460.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	<16,460.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		92,851.	99,101.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,296,374.	4,600,101.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		67,510.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	D)	621,485.	342,673.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	210	0.	0.
Ě		Total fundraising expenses (Part IX, column (D), line 25) > 253,		3,476,393.	2 771 664
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,165,388.	3,771,664. 4,114,337.
		Revenue less expenses. Subtract line 18 from line 12		<869,014.>	485,764.
Net Assets or Fund Balances				nning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	304	509,394.	902,201.
t As		Total liabilities (Part X, line 26)		344,510.	251,702.
S.P.	22	Net assets or fund balances. Subtract line 21 from line 20		164,884.	650,499.
Pa	rt II	Signature Block			
Unde	rpena	lties of perjury. Theclare that I have examined this return, including accompanying schedu	les and statemen	ts, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete Declaration of proparer other than officer) is based on all information of	which preparer h	as any knowledge.	, _ ,
		Signature of officer()		1/12	Ш)
Sigr		· · · · · · · · · · · · · · · · · · ·		Date	, 1
Here	,	AMY PALMER, PRESIDENT & CEO Type or print name and title			
			Dat	8 Check	PTIN
Paid	į	Print/Type preparer's name NERIMAN GUVEN, CPA		70/15	7000000000
Prep	ì	Firm's name RANDY WALKER & CO.		1 000	20-3992693
Use	ì	Firm's address 7800 IH 10 WEST, SUITE 505		Firm's EIN ▶	20-3732073
U35 1	,	SAN ANTONIO, TX 78230		Phone no. (21	0) 366-9430
—— Mav	the IF	S discuss this return with the preparer shown above? (see instructions)		(rituite ito. (Z I	X Yes No

	DEPLOYED SERVICE M - PROVIDED SUPPORT		N PATIENTS AT OVER 40 VA	
	MEDICAL CENTERS NA	TIONWIDE.		
	- PROVIDED LAPTOP	COMPUTERS WITH SOFTWARD	E TO ACCOMMODATE DISABILITIE	ES
	TO WOUNDED WARRIOR	5.		
4b	(Code:) (Expenses \$	including grapts of \$) (Revenue \$	
) (Mevenne 2	
c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	·
- -	Other program services (Decoribe in S	Shedulo O.)		
	Other program services (Describe in Si (Expenses \$	chedule O.) Including grants of \$) (Revenue S	

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II..... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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Part M Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Χ 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

> X Form 990 (2014)

34

35b

37

Χ

X

Χ

Χ

X

36

Note, All Form 990 filers are required to complete Schedule O

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2014) **Part V** Sta Statements Regarding Other IRS Filings and Tax Compliance

the strain of the filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedulation and the calendar year, did the organization have an interest in, or a signature or other nancial account in a foreign country (such as a bank account, securities account, or other financial "Yes," enter the name of the foreign country: The interest in a foreign country: The interest in a foreign country in a bank account, securities account, or other financial interest in a foreign country: The interest in a foreign country: The interest in a file of the interest in a security in a prohibited tax shelter transaction at any time during the tax year? id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction at any time during the tax year?	2a 2	ty over, a tt)?	2b 3a 3b		
Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, illed for the calendar year ending with or within the year covered by this return f at least one is reported on line 2a, did the organization file all required federal employment tax refunction. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction Did the organization have unrelated business gross income of \$1,000 or more during the year? f "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedulation and the calendar year, did the organization have an interest in, or a signature or other nancial account in a foreign country (such as a bank account, securities account, or other financial "Yes," enter the name of the foreign country: The interest in a foreign Bank and Financial was the organization a party to a prohibited tax shelter transaction at any time during the tax year? id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction as a party to a prohibited tax shelter transaction have annual gross receipts that are normally greater than \$100,000, and did	2a 2	ty over, a tt)?	2b 3a 3b 4a		X
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oes the organization have annual gross receipts that are normally greater than \$100,000, and did			5c	+	+*
av analytical and the state of	the organ	vization colicit	130	 	+
ny contributions that were not tax deductible as charitable contributions?			6		X
"Yes," did the organization include with every solicitation an express statement that such contributions."	tions of		6a	+	+^
ere not tax deductible?	RIONS OF	giits	<u> </u>	ļ	
rganizations that may receive deductible contributions upday spation 170(a)	• • • • • • • • • • • • • • • • • • • •		10.000	<u> </u>	
d the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and a				2.5	1.
"Yes." did the organization notify the door of the value of the second		i		<u> </u>	X
d the organization sell, exchange, or otherwise dispose of tangible parsonal property for which it			7b		ļ
file Form 8282?	as requi	ed	_		177
'Yes," indicate the number of Forms 8282 filed during the year			7c		X
d the organization receive any funds, directly or indirectly, to pay premiums on a paysonal baseful	70				v
the organization, during the year, pay premiums, directly or indirectly, on a personal benefit and	contract?				X
he organization received a contribution of qualified intellectual property, did the organization file.	ract?				X
he organization received a contribution of cars, hoats, airclange, or other vehicles, at at the	orm 8895	as required?			ļ
consoring organizations maintaining donor advised funds. Did a docor advised for the organizations	ation file	a Form 1098-C?	7h		ļ
Onsoring organization have excess business holdings at any time during the			15143		
Onsoring organizations maintaining donor advised the de-			8		
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ction 501(c)(7) organizations. Foter:			9b	1.1190	ļ
iation fees and capital contributions included on Part VIII. line 12	10-			d	
oss receipts, included on Form 990. Part VIII, line 12, for public use of club facilities					
ction 501(c)(12) organizations. Enter:	106	· · ·			
oss income from members or shareholders	المد	T.			
iss income from other sources (Do not net amounts due or paid to other sources assist	11a	**************************************			
Dunts due or received from them)	441	l d			
ction 4947(a)(1) non-exempt charitable trusts is the organization filing Form 000 in line at 5	110				\$ 3.50
es," enter the amount of tax-exempt interest received or account during the year	1	Ļ	12a	0.208-04	10 Miles
ction 501(c)(29) qualified nonprofit health incurance issuers	12b			, 3º1 A.	
The organization licensed to issue qualified health plans in more than one state?		23	1941 3	480.74	<u> </u>
e. See the instructions for additional information the organization must report as Sabadula O	• • • • • • • • • • • • • • • • • • • •		13a	Salit a	
er the amount of reserves the organization is required to maintain by the states is which the		487 1917			
anization is licensed to issue qualified health plans	13h	156 157		27.4	
					la de la del
the organization receive any payments for indoor tanning sensions during the tay year?		5,2		***	<u>v</u>
es," has it filed a Form 720 to report these payments? If "No " provide an evaluation in Only and					_X
/ hir rettoronone to enchance	"Yes," did the organization include with every solicitation an express statement that such contributer or tax deductible? graphizations that may receive deductible contributions under section 170(c). Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se "Yes," did the organization notify the donor of the value of the goods or services provided? id the organization sell, exchange, or otherwise dispose of tangible personal property for which it we file Form 8282? "Yes," indicate the number of Forms 8282 filed during the year of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit on the organization, during the year, pay premiums, directly or indirectly, on a personal benefit on the organization received a contribution of qualified intellectual property, did the organization the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizationsorang organizations maintaining donor advised funds. Did a donor advised fund maintained consoring organizations maintaining donor advised funds. Did a donor advised fund maintained consoring organizations maintaining donor advised funds. If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization in make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization have a d	"Yes," did the organization include with every solicitation an express statement that such contributions or grere not tax deductible? "gradizations that may receive deductible contributions under section 170(c). Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro "Yes," did the organization notify the donor of the value of the goods or services provided? Id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required. The organization sell, exchange, or otherwise dispose of tangible personal property for which it was required. The organization sell, exchange, or otherwise dispose of tangible personal property for which it was required. The organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? of the organization funds, directly or indirectly, to pay premiums on a personal benefit contract? the organization received a contribution of qualified intellectual property, did the organization file Form 8895 the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file promations or advised funds. Did a donor advised fund maintained by the organization have excess business holdings at any time during the year? **Ponsoring organizations maintaining donor advised funds.** If the sponsoring organization make any taxable distributions under section 4966? did the sponsoring organization make any taxable distributions under section 4966? did the sponsoring organization make a distribution to a donor, donor advisor, or related person? **Cition 501(c)(7) organizations. Enter:** Interest the properties of the properties o	Yes," did the organization include with every solicitation an express statement that such contributions or gifts rere not tax deductible? In the organizations that may receive deductible contributions under section 170(c). If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Yes," did the organization notify the donor of the value of the goods or services provided? If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282? Yes," indicate the number of Forms 8282 filed during the year define formal self to contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? If the organization and the access business holdings at any time during the year? If the organizations maintaining donor advised funds. If the sponsoring organizations make any taxable distributions under section 4966? If the sponsoring organization make a distribution to a donor, donor advisor, or related person? If the sponsoring organizations have excess business holdings at any time during the year? If the sponsoring organizations make any taxable distributions under section 4966? If the sponsoring organization make a distribution to a donor, donor advisor, or related person? If the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? If the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? If the sponsoring organization make any taxable distribution to a do	ryes, 'did the organization include with every solicitation an express statement that such contributions or gits rere not tax deductible? forganizations that may receive deductible contributions under section 170(c). id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 'Yes,' did the organization notify the donor of the value of the goods or services provided? id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required if lie Form 8282? 7c 'Yes,' indicate the number of Forms 8282 filed during the year d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e d the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7the organization have excess business holdings at any time during the year? 8 bonsoring organizations maintaining donor advised funds. 9 d the sponsoring organization make any taxable distributions under section 4966? 9 d the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 do the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 do do the promotion of the promot	ryes," did the organization include with every solicitation an express statement that such contributions or gifts rere not tax deductible? If a progranizations that may receive deductible contributions under section 170(c). If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? The progranization sell, exchange, or otherwise dispose of tangible personal property for which it was required If the Form 8282? The progranization sell, exchange, or otherwise dispose of tangible personal property for which it was required The progranization sell, exchange, or otherwise dispose of tangible personal property for which it was required The progranization sell, exchange, or otherwise dispose of tangible personal property for which it was required The progranization sell, exchange, or otherwise dispose of tangible personal property for which it was required The organization indicate the number of Forms 8282 filed during the year If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? The prosoning organization smaintaining donor advised funds. Did a donor advised fund maintained by the possoring organization have excess business holdings at any time during the year? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section 4966? If the sponsoring organization make any taxable distributions under section

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management					
<u> </u>	etion A. doverning body and management				Yes	No
1:	Enter the number of voting members of the governing body at the end of the tax year	1a		8	163	1
	If there are material differences in voting rights among members of the governing body, or if the governing	1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ı	Enter the number of voting members included in line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	\dashv		1
_					1	X
3	Officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		$+\frac{\Lambda}{}$
	of officers, directors, or trustees, or key employees to a management company or other person?	ie dire	ct supervision			X
4	Did the organization make any significant changes to its governing documents since the prior Form s		o filed?	. 3	X	$+^{\Delta}$
5	Did the organization become aware during the year of a significant diversion of the organization's as:	sato?	as med?	5	1	X
6	Did the organization have members or stockholders?	56(2 i		6	 	X
	Did the organization have members, stockholders, or other persons who had the power to elect or a	onoint	000 or			1
						v
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			. 7a	ļ	X
_	and the state of t				1	V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		X
a	9			. 8a	X	
ь 9	The second second to determine the governing body:			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear	ched a	it the			
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	L	X
	the internal Research Brequests information about policies not required by the internal Re	evenue	Code.)			
10a	Did the organization have local chapters, branches, or officetors				Yes	No
b	Did the organization have local chapters, branches, or affiliates?			10a		X
_	and branches to ensure their operations are consistent with the exercise to ensure their operations are consistent with the exercise to ensure their operations.	apters	, affiliates,			
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	7.7	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	7.
123	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
b	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conf	icts?	12b		X
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done					
13	Did the organization have a written whistleblower policy?			12c	X	
14	Did the organization have a written document retention and destruction policy?			13	X	
15	Did the process for determining componential of the falls of			14	Х	
	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	lependent	# V 11 g	,	
а	The organization's CEO Evention Director				х	
	Other officers as less and a		***************************************	15a	^	- V
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		***************************************	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	. ,				
_			n a			v
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			16a		X
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	its pa	rticipation			
	exempt status with respect to such arrangements?	zation	S	100	**) 1	
Sect	ion C. Disclosure			16b		
	List the states with which a copy of this Form 990 is required to be filed ► NONE					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Caatia	- 501/a\/2\a aab\			
	for public inspection. Indicate how you made these available. Check all that apply.	Sectio	n 501(c)(3)\$ only)	avallabli	е	
	V	, Coba	dula Ol			
19	Other (oxplain in	1 30116	dule O)	1.0		
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf statements available to the public during the tax year.	lict of	interest policy, an	a tinanc	ıal	
20	State the name, address, and telephone number of the person who possesses the organization's book AMY $PALMER-(210)629-0020$	ks and	records:			
	2700 NE LOOP 410, SUITE 310, SAN ANTONIO, TX 78217					

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Describili	Reportable	Estimated				
	hours per	bo	box, unless person is both an officer and a director/trustee)		n compensation	compensation	amount of			
	week	off	icer a	nd a	direct	lor/tru	stee	from	from related	other
	(list any	iclo					İ	the	organizations	compensation
	hours for	or din				pat	1	organization	(W-2/1099-MISC)	from the
	related	slee (ruslei			ensa	1	(W-2/1099-MISC)		organization
	organizations below	ual tru	onal		ploye	mos a				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former			organizations
(1) CURTIS BEAUCHAMP	10.00	-	=	10	×	= =	+=			
CHAIRMAN		X		X				0.	0.	0.
(2) MIKE WALLACE	5.00				 	\vdash	-	0.	0.	V •
VICE CHAIRMAN		X	ĺ	X				0.	0.1	0.
(3) PHYLLIS JO BAUNACH	1.00		-			-		<u> </u>	U »	0.
MEMBER		х					İ	0.	0.	0
(4) MATT BURDEN	1.00				<u> </u>		 	0.	U •	0.
MEMBER		х						0.	0.	0
(5) RICHARD JOHN	5.00							0.	U .	0.
MEMBER		Х						0.	0.	0.
(6) CURTIS WOLFE	5.00							0.	0.	<u> </u>
SECRETARY		-		x	[0.	0.	0.
(7) AMY PALMER	60.00								0.	
PRESIDENT & CEO				X				89,406.	0.	0.
(8) JENNIFER CERNOCH	50.00				T			33,2001		0.
VP OF OPERATIONS				Х		ĺ		62,452.	0.	0.
(9) LANCE DOWD	10.00				\neg			-		
TREASURER			- 1	x				0.	0.	0.
										<u> </u>
		- 1		- 1						
			T		\neg					
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Form 990 (2014) SOLDIERS				_					20-	05834	15 Page
Part VIII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week	box,	not ci unles	Posi heck r ss per d a di	ition more rson	than is bo	th an	(D) Reportable compensation from	(E) Reportab compensai	tion	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M	IISC)	from the from the organization and related organizations
			1								
			\perp	_							
		+		-	_						
			+	-	+		+				
Sub-total Total from continuation sheets to Part VII Total (add lines 1b and 1c)	Section A					•	•	151,858. 0. 151,858.		0.	0. 0. 0.
Total number of individuals (including but no compensation from the organization	t limited to tho	se lis	ted	abo	ve)	who	rec	eived more than \$100,0	000 of reportab	e	
3 Did the organization list any former officer, of line 1a? If "Yes," complete Schedule J for sur	ch individual									3	Yes No
 For any individual listed on line 1a, is the sun and related organizations greater than \$150, Did any person listed on line 1a receive or acceptance. 	n of reportable 000?	comp comp	pens lete	satic Sct	on a hedu	nd d ule u	othei <i>I for</i>	r compensation from th such individual	e organization	4	X
5 Did any person listed on line 1a receive or ac rendered to the organization? If "Yes," comp. Section B. Independent Contractors	crue compensi lete Schedule d	ation <i>I for s</i>	fror such	m an n <i>per</i>	rs <i>or</i> .	nrel	ated	organization or individu	ual for services	5	X
Complete this table for your five highest com the organization. Report compensation for th	pensated inde _l e calendar yea	pend r end	ent ling	cont with	trac or	tors with	tha	t received more than \$' ne organization's tax ye	100,000 of com ar.	pensation	from
(A) Name and business ad	ddress <u>N</u>	ION	E					(B) Description of ser	vices		C) ensation
								:			
						-					
Total number of independent contractors (incl \$100,000 of compensation from the organizat	uding but not I	imite	d to		se li	iste	d ab	ove) who received more			
oon	1011				<u> </u>					Form	990 (2014)

Page 8

Par	<i>176</i> .77	Check if Schedule O con		se or note to any li	ne in this Part VIII			
		Check in Control of So			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(b) Revenue excluded from tax under sections 512 - 514
ts, Grants Amounts	1 a	a Federated campaigns	1a	39,559.				
g g		b Membership dues						
fts,		c Fundraising events	I T					₩ØF-4.
a G		d Related organizations						
Sin		 Government grants (contributed) All other contributions, gifts, grant 						
Det l	'	similar amounts not included abo		.477.901.				
Contributions, Gift and Other Similar	c	Noncash contributions included in line	s 1a-1f: \$ 3	,179,229.				
a Co		Total. Add lines 1a-1f		<u></u>	4,517,460.	14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
				Business Code	2.2	10000000000000000000000000000000000000		1 CEC 1940-194
ce	2 a	· · · · · · · · · · · · · · · · · · ·						
ne v	b)						
Wen S	C							
Program Service Revenue	d			ļ				
Pro	e f	All other program service reve	2010					
	a	Total. Add lines 2a-2f						
	3	Investment income (including				Control of the Contro		E5
		other similar amounts)			46.			46.
	4	Income from investment of ta	x-exempt bond	proceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
		Gross rents						
	b		 				Ball ation of	
		Net rental income or (loss)						Market State of the State of th
		Gross amount from sales of	(i) Securities	(ii) Other		STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL ST		
		assets other than inventory				100000		
	ь	Less: cost or other basis						Marie de la companya
		and sales expenses		16,506.				
		Gain or (loss)		<16,506.		der en interior i		
		Net gain or (loss)			<16,506.			<16,506.>
anc	ва	Gross income from fundraising including \$						
eve		contributions reported on line	of 1c) See					
Other Rev			a					1:40 1:10
흕	b	Less: direct expenses						
	C	Net income or (loss) from fundi	raising events				Control of the Contro	ens de et dan de de ense entre dan de entre (d. 11. july 1.
,	9 a	Gross income from gaming act						King Visit
	L .	Part IV, line 19			ita da			
		Less: direct expenses Net income or (loss) from gamin		BX			Mary Springs (1997)	
10		Gross sales of inventory, less r					newskie zwaleczne	Maser rotation and an in-
	_	and allowances		93,123.	er i a var			
	b	Less: cost of goods sold	b					A California
		Net income or (loss) from sales	of inventory	>	93,123.	93,123.		ACCURATE ASSESSMENT OF THE PARTY OF THE
		Miscellaneous Revenue	;	Business Code		3	MARK HEAT	Alle Berry Brown
11		OTHER REVENUE	· · · · · · · · · · · · · · · · · · ·	900099	5,978.			5,978.
	b							
1	c	All other and						
	d e	All other revenue		.	5,978.		S	
12	!	Total revenue. See instructions.	*****************		,600,101.	93,123.	0.	<10,482.>
2009 -07-14					/ 1	,		Form 990 (2014)

Part Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (B) Program service expenses (D) Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations CÚCA ATOM and domestic governments. See Part IV, line 21 #707 - 100 E.S. Grants and other assistance to domestic individuals. See Part IV, line 22 earata (4. julio en Grants and other assistance to foreign WELL SERVICE TO THE SERVICE SE organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 151,858. 112,223. 17,312. 22,323. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 143,967. 106,392. 16,412. 21,163. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Q 13,303. 9,830. 1,517. 1,956. Payroll taxes 33,545. 24,790. 3,824. 4,931. Fees for services (non-employees): Management Legal _____ Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 335,217. 222,753. 24,529. 87,935. Advertising and promotion 12 Office expenses _____ 13 49,159. 32,745. 13,219. 3,195. Information technology 14 17,546. 12,431. 2,712. 2,403. 15 Royalties 16 Occupancy 53,425. 43,435. 4,327. 5,663. 17 Travel 22,429. 19,382. 1,109. 1,938. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,508. 1,053. 386. 69. 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 786. 786. 23 3,772. 1,674. 1,811. 287. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PROGRAM RELATED ACTIVIT 2,996,294. 2,996,294. POSTAGE AND SHIPPING 115,547. 54,904. 55,282. 5,361. SPECIFIC ASSISTANCE 91,975 91,955. 10. 10. PRINTING AND REPRODUCTI 84,006. 32,109. 733. 46,164. e All other expenses Total functional expenses. Add lines 1 through 24e 4,114,337. 3,761,970. 99,048. 253,319. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 432010 11-07-14

Form 990 (2014)

Part Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 16,293. 153,453. 2 Savings and temporary cash investments 0. 6,011. 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 70,436. 300. Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets Notes and loans receivable, net 7 Inventories for sale or use 400,159. 727,292. Я Prepaid expenses and deferred charges 6,000. 9,423. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 6,508, 10a b Less: accumulated depreciation 10Ь 16,506. 5,722. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 509,394. 902,201. 16 Accounts payable and accrued expenses 17 344,510. 251,702. 17 Grants payable 18 18 Deferred revenue _____ 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 344,510. 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 164,884. 650,499. Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 164,884. 650,499. 33 Total liabilities and net assets/fund balances 509,394. 902,201. 34

Form 990 (2014)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.lrs.gov/form990.

OMB No. 1545-0047

2014

Opensto Public Plasses flore

Name of the organization

SOLDIERS ANGELS Employer identification number 20-0583415

Reason for Pub	lic Charity Stat	us (All organizations mus	t complete	this part) See instructions	20-0363415
The organization is not a private f	oundation because	it is: (For lines 1 through 1	1 check o	nly one bo	v l	
1 A church, convention	of churches, or asso	ciation of churches descr	ihad in sac	tion 1700	·//.)	
2 A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E.)	ibed in sec	/11011 170(L))()(A)(i).	
3 A hospital or a cooper	ative hospital service	e organization described in	o coction t	170/6//4//	Wiii	
4 A medical research ord	anization operated	in conjunction with a hosp	ital deceri	had in see	V(III). 61	
city, and state:	,	eenjanenen with a nost	mai descrit	Dea III Sec	ποτι 170(b)(1)(A)(iii). Ε∩	ter the nospital's name,
	ed for the benefit of	a college or university ow	204 01 02			
section 170(b)(1)(A)(i	v). (Complete Part II.)				cribed in
6 A federal, state, or loca	ıl government or gov	ernmental unit described	in section	170(b)(1)('A)(v).	
7 X An organization that no	rmally receives a su	bstantial part of its suppo	rt from a o	Overnmen	tal unit or from the gene	ral public described :-
section 170(b)(1)(A)(vi). (Complete Part II.)			0.0111111011	tar arm or from the gene	rai public described in
		0(b)(1)(A)(vi). (Complete F	Part II)			
9 An organization that no	rmally receives: (1) r	nore than 33 1/3% of its s	unnort from	m contribu	rtiona manaharahir fara	
activities related to its e	exempt functions - st	ubject to certain exception	s and (2)	no moro ti	nions, membership rees	, and gross receipts from
income and unrelated b	usiness taxable inco	ome (less section 511 tax)	from busin	395505 204	nair 33 1/3% of its supp	ort from gross investment
See section 509(a)(2).	(Complete Part III.)	(Too booker of reak)	nom busii	iesses act	duited by the organization	on after June 30, 1975.
		clusively to test for public	safaty Sag	o soction (E00/a)/4)	
11 An organization organiz	ed and operated exc	clusively for the benefit of,	to porform	e section ;	509(a)(4).	
more publicly supported	d organizations desc	ribed in section 509(a)(1)	or periorii	- FOOL YOU	ions of, or to carry out to	ne purposes of one or
lines 11a through 11d th	nat describes the tur	on of supporting sessions	or section	1 509(a)(2)	See section 509(a)(3).	Check the box in
a Type I. A supporting of	ranization operate	pe of supporting organizat	ion and co	mplete lini	es 11e, 11f, and 11g.	
the supported organiz	ation(s) the news to	d, supervised, or controlle	d by its su	pported o	rganization(s), typically b	by giving
organization. You mus	ation(s) the power (t	regularly appoint or elec	t a majority	of the dire	ectors or trustees of the	supporting
b Type II A supporting	organization supervi	Sections A and B.				
Control or managemen	of the supportion	sed or controlled in conne	ction with	its suppor	ted organization(s), by h	aving
organization(s). You m	ust complete Dest	organization vested in the	same pers	ons that c	ontrol or manage the su	pported
organization(s). You m	atomplete Part I	V, Sections A and C.				
its supported organize	tico(a) (and instruction	ting organization operated	d in connec	ction with,	and functionally integra	ted with,
no supported organiza	riori(s) (see instructio	ons). You must complete	Part IV. Si	ections A	D and E	
that is not for all all	illy integrated. A su	pporting organization ope	erated in co	onnection v	with its supported orgar	nization(s)
that is not functionally	integrated. The orga	nization generally must sa	atisfy a dist	tribution re	ouirement and an attan	tiveness
reduirement (See Instit	ictions). You must c	omplete Part IV, Section	s A and D.	and Part	V	
c Check this box if the or	ganization received	a written determination from	om the IRS	Sthat it ic	Type I, Type II, Type III	
integrated,	or rybe in non-inuci	Donally integrated suppor	tina orazni	zation		
f Enter the number of supported	organizations					
 g Provide the following informati (i) Name of supported 	on about the suppor	rted organization(s).				
organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	rganization n vour	(v) Amount of monetary	(vi) Amount of
		above or IRC section	governing o		support (see	other support (see
		(see instructions))	Yes	No	Instructions)	Instructions)
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Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 SOLDIERS' ANGELS 20-05834

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

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

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	(f) Total . 33929180
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	.33929180
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by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	
column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	28
6 Public support. Subtract line 5 from line 4. Section B. Total Support	7
6 Public support. Subtract line 5 from line 4. Section B. Total Support	
Section B. Total Support	33929180.
	<u> </u>
Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014	(f) Total
	33929180.
8 Gross income from interest,	33323200.
dividends, payments received on	
securities loans, rents, royalties	
and income from similar sources 11,226.	11,272.
9 Net income from unrelated business	11,2,2,
activities, whether or not the	
business is regularly carried on	ł
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.) 5,978.	5,978.
11 Total support. Add lines 7 through 10	33946430.
12 Gross receipts from related activities at (see instructions)	192,835.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	102,000.
organization, check this box and stop here	▶ □
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	99.95 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	99.97 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	
stop here. The organization qualifies as a publicly supported organization	$\triangleright X$
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the	nis box
and stop here. The organization qualifies as a publicly supported organization	>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%	or more.
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organ	ization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is	10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	- - -
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Paralle Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	1-/	1 12/2311	10/2012	10/20:0	1 17	() : 3 (2)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose		ļ	ļ			
3 Gross receipts from activities that are not an unrelated trade or bus-					·	
iness under section 513				i		
4 Tax revenues levied for the organ-			_			
ization'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					-	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received	· · · · · · · · · · · · · · · · · · ·					
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b			PART CONTROL OF THE PART OF TH		S productivity with subsequence control	
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	/) 0010				T	
A A	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a Gross income from interest,						
dividends, payments received on					l l	
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses					ĺ	
acquired after June 30, 1975			İ			
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is			1			
regularly carried on		ļ				
12 Other income. Do not include gain		*				
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the	e organization's	first, second, third	fourth, or fifth tax	vear as a section	1 501(c)(3) organiza	tion
and the section of th						·
Section C. Computation of Public	Support Per	centage				
15 Public support percentage for 2014 (line	8, column (f) di	vided by line 13, co	olumn (f))		15	9
16 Public support percentage from 2013 Sc	hedule A, Part I	II, line 15			16	9
Section D. Computation of Investment	<u>nent Income</u>	Percentage				
17 Investment income percentage for 2014	(line 10c, colum	n (f) divided by line	: 13, column (f))		17	9
18 Investment income percentage from 2013	3 Schedule A, F	Part III, line 17			18	9
19a 33 1/3% support tests - 2014. If the org	anization did no	ot check the box or	line 14, and line 1	5 is more than 33	3 1/3%, and line 17	is not
more than 33 1/3%, check this box and s	stop here. The	organization qualifi	es as a publicly su	pported organiza	tion	>
h 20 d/20/		t obook a bou an I	ne 14 or line 19a	and line 16 is mor	re than 33 1/3% ar	nd
ய வ 1/3% support tests - 2013. If the org	anization did no	it check a box on i	110 14 01 1110 130. 6			
b 33 1/3% support tests - 2013. If the org line 18 is not more than 33 1/3%, check t	his box and sto	op here. The organ	ization qualifies as	a publiciv suppo	rted organization	
b 33 1/3% support tests - 2013. If the org line 18 is not more than 33 1/3%, check tPrivate foundation. If the organization di	his box and sto	p here. The organ	ization qualifies as	a publicly suppo	rted organization	▶□

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Scl	nedule A (Form 990 or 990-EZ) 2014 SOLDIERS' ANGELS	20-0583415 Page 9
	Supporting Organizations (continued)	
		Yes No
11	5	35 A 4 6
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
i	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Se	ction B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	March March
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	5 95 4 75 2
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
800	supervised, or controlled the supporting organization.	2
360	ction C. Type II Supporting Organizations	
1	Were a majority of the organization's directors as to the organization of the organiza	Yes No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
Sec	tion D. Type III Supporting Organizations	
	yes weeperang organizations	
1	Did the organization provide to each of its supported organizations, but he to the total organization	Yes No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2
	significant voice in the organization's investment policies and in directing the use of the organization's	和台上的基本。
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	3
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year look	ructions):
а	The organization satisfied the Activities Test. Complete line 2 below.	uotions).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	8300 800 4
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-534 (- 73)
(of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
1	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3 f	Parent of Supported Organizations. Answer (a) and (b) below.	
a [Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
t L	rustees of each of the supported organizations? Provide details in Part VI.	3a
D (Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
2025 (f its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b

P	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	- rage o
1	Check here if the organization satisfied the Integral Part Test as a qualify			uctions. All
	other Type III non-functionally integrated supporting organizations must of	complete S	Sections A through E.	
Sec	ction A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		ľ
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	2.7		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	S. Sales Ba		
	factors (explain in detail in Part VI):			and the second of the second o
2	Acquisition indebtedness applicable to non-exempt-use assets	2		Property of the State of the St
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	99479	74C2C	
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	with the second	
7	Check here if the current year is the organization's first as a non-functionally		d Type III supporting asset	ization (ann
	instructions).	, integrate	a Type in supporting organ	IZATION (SEE

Schedule A (Form 990 or 990-EZ) 2014

Line in	Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	anizations _(continued)	
_	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	, and a parameter of the control of	empt purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purp	ooses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is responsive		
	(provide details in Part VI). See instructions.			
_9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	です。 はままり、 ままり	erante so	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				** **********************************
b			MARINET AND AND AND AND AND AND AND AND AND AND	ECONOMIC CONTROL OF THE PROPERTY OF THE PROPER
С		A CONTRACT OF CASE		
d				PERMUMBUR
е	From 2013			A CONTRACTOR OF THE STATE OF TH
f	Total of lines 3a through e			Elizabeth de la companya de la companya de la companya de la companya de la companya de la companya de la comp
_ 9	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			Santa Share to the san and the
i	Carryover from 2009 not applied (see instructions)			A company of the comp
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		Contract of the Contract of th	
4	Distributions for 2014 from Section D,			
	line 7:		A CONTRACTOR OF THE PARTY OF TH	44 19 22 33
a	Applied to underdistributions of prior years			Marie de Caraldo de La Caraldo de Caraldo de Caraldo de Caraldo de Caraldo de Caraldo de Caraldo de Caraldo de
	Applied to 2014 distributable amount	4		
	Remainder. Subtract lines 4a and 4b from 4.			TOTAL TALL STREET
	Remaining underdistributions for years prior to 2014, if			Marie II
	any. Subtract lines 3g and 4a from line 2 (if amount		Į.	
	greater than zero, see instructions).			
	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	C. C. C. C. C. C. C. C. C. C. C. C. C. C		
7	Excess distributions carryover to 2015. Add lines 3j			ingstyd ar ei ei ei ei ei ei ei ei ei ei ei ei ei
	and 4c.			
	Breakdown of line 7:			
а	The second secon		To Programme State Control of the Co	eres (* * * * * * * * * * * * * * * * * *
b				Port Control
			Andrea Sudana Citation and a second	STATE OF THE STATE
				PROCESS A
	Excess from 2013			Park Carlos Carl
e 1	Excess from 2014		The transfer of the second	Maria alika

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	A (Form 990 or 990-EZ) 2014 SOLDIERS' ANGELS	20-0583415 Page 8
PartVE	(Form 990 or 990-EZ) 2014 SOLDIERS 'ANGELS Supplemental Information. Provide the explanations required by Part II, li	ne 10: Part II, line 17a or 17b; and Part III, line 12
	Outpremental information () () () () () () () () () (no joji arcijimo ira or irojana i arcijimo iz
	Also complete this part for any additional information. (See instructions).	
·		
<u>. </u>		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

2	SOLDIERS' ANGELS	20-0583415
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(d	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	
For an organization property) from an	on filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling solve yone contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or total contributions.
Special Rules		
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	r 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an attions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education truelty to children or animals. Complete Parts I, II, and III.	ly one contributor, during the ional purposes, or for
year, contributions is checked, enter hourpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious, complete any of the parts unless the General Rule applies to this organization because it responses, etc., contributions totaling \$5,000 or more during the year	e than \$1,000. If this box haritable, etc., eceived <i>nonexclusively</i>
Caution. An organization thout it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form	Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

SOLDIERS' ANGELS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$14,984.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$349,921.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$325,137.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person Payroll Noncash (Complete Part II for noncash contributions.)
452 11-05-1	4		90, 990-EZ, or 990-PF) (2014)

Employer identification number

SOLD	TERS'	ANGEL	C

No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$105,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	A STATE OF THE STA	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Vo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>-</u>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a) .	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ _			Person Payroll Noncash

SOLDIERS' ANGELS

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	COFFEE		
1			
		\$ 614,984.	11/21/14
		3 011,001.	
(a) No.	(6)	(c)	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	Date received
2	FRIENDSHIP STONE GIFT SETS		
		521,194.	12/01/14
(a) No.	(b)	(c)	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	Date received
3	GIRL SCOUT COOKIES		
		\$ 349,921.	05/31/14
(a)			
No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
	MOOSE MUNCH CRUNCH BARS (FOOD)	(occ man actions)	
4			
		\$325,137.	09/30/14
(a)			
No. rom	(b)	(c) FMV (or estimate)	(d)
art I	Description of noncash property given	(see instructions)	Date received
	CLEANING WIPES		
6			
-			
-		\$129,312.	11/14/14
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
ert I	Description of noncash property given	(see instructions)	Date received
	PAIN RELIEVING CREAM		
7 -			
-			
3 11-05-14		\$105,000.	10/28/14 90, 990-EZ, or 990-PF) (20

Employer identification number

SOLDIERS' ANGELS

Part II	Noncash Property (see instructions). Use duplicate copies of	· · · · · · · · · · · · · · · · · · ·	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	LIQUID PAIN RELIEVER		
		\$ 98,698.	12/22/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ -			
3 11-05-14		Sahadula P. (Saran 202)), 990-EZ, or 990-PF) (20

anization		Employer identification number
ERS' ANGELS		20-0583415
completing i are in, error the total of exclusively religious, c	naritable, etc., contributions of \$1,000	d in section 501(c)(7), (8), or (10) that total more than \$1,000
(b) i di pose di giil	(c) Use of gift	(d) Description of how gift is held
Transferon's name addition and	(e) Transfer of gi	
Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZI	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP	(e) Transfer of gift	
		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transfers	(e) Transfer of gift	
rransieree's name, address, and ZIP	+ 4	Relationship of transferor to transferee
	ERS ' ANGELS Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete colic completing Part III, anter the total of exclusively religious, c. Use duplicate copies of Part III if additional (b) Purpose of gift Transferee's name, address, and Z. (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and Z. (b) Purpose of gift (b) Purpose of gift	Exclusively religious, charitable, etc., contributions to organizations describe the year from any one contributor. Complete columns (a) through (e) and the foll completing Part III. enter the total of exclusively religious, charitable, etc., contributions of \$1,000

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Name of the organization SOLDIERS' ANGELS

Employer identification number 20-0583415

P	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the			
******	organization answered "Yes" to Form 990, Part IV, line	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	33 3					
3	33 3					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring			
T-range	impermissible private benefit?		Yes No			
	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Pa	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	rically important land area			
	Protection of natural habitat	Preservation of a certif	ied historic structure			
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form c	of a conservation easement on the last			
	day of the tax year.					
			Held at the End of the Tax Year			
a			2a			
b	rotal acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic stru	cture included in (a)	2c			
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic structur	e			
_	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the o	organization during the tax			
	year •					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period					
6	violations, and enforcement of the conservation easements it h		Yes No			
7	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements dur	ing the year 🕨			
8	Amount of expenses incurred in monitoring, inspecting, and en	nforcing conservation easements during th	ne year 🕨 \$			
0	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)	(4)(B)(i)			
9	and section 170(h)(4)(B)(ii)?		Yes No			
_	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the frostness to the organization	n easements in its revenue and expense s	tatement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organizatio conservation easements.	in s financial statements that describes th	e organization's accounting for			
Par	Organizations Maintaining Collections of	Art Historical Treasures or Oth	or Similar Assats			
	Complete if the organization answered "Yes" to Form 99	90. Part IV line 8	er Similar Assets.			
1a	If the organization elected, as permitted under SFAS 116 (ASC		at and balance shoot waste of a t			
	historical treasures, or other similar assets held for public exhib	uition education or research in furtherance	e of public service, provide in Part VIII			
	the text of the footnote to its financial statements that describe	es these items	e of public service, provide, in Part XIII,			
b	If the organization elected, as permitted under SEAS 116 (ASC.	958) to report in its revenue statement or	ad balance about works of anti-kint-size I			
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical creasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts					
	relating to these items:	batton, or research in furtherance of public	service, provide the following amounts			
	(i) Revenue included in Form 990, Part VIII, line 1		•			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treasu	Ires. Or other similar assets for financial or	ain provide			
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	airi, provide			
а	Device the back of the Coop Devices in the	, was soon relating to these kerns.	• ¢			
	Assets included in Form 990, Part X	••••••				
			····· •			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 20-0583415

OMB No. 1545-0047

	SOLDIERS' AN	NGELS				20-0583415
P	Types of Property					
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d) od of determining contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	X			FMV	
5	Clothing and household goods	X	CONTRACTOR	1,751,150.	RETAIL V	VALUE - NEW
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	X	65,000	1,395,899.	RETAIL V	ALUE
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ()					
26	Other ()					
27	Other ()					
28 29	Other ()					
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ntributions		
	for which the organization completed Form 828	3, Part IV, De	onee Acknowledge	ement 29	-, · · · · · · · · · · · · · · · · · · ·	
302	During the year did the association association					Yes No
30a	During the year, did the organization receive by	contribution	any property repo	rted in Part I, lines 1 through	n 28, that it	
	must hold for at least three years from the date	of the initial	contribution, and v	which is not required to be u	sed for	
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a X
		- 1:				1 34 34
31 32a	Does the organization have a gift acceptance po	olicy that red	uires the review of	any non-standard contribut	tions?	31 X
JEd	Does the organization hire or use third parties or contributions?					
Ь	contributions? If "Yes," describe in Part II.		***************************************	***************************************		32a X
		aluma (-) f				
~	If the organization did not report an amount in c describe in Part II.	oiumn (c) for	a type of property	ror which column (a) is che	cked,	
LHA	For Paperwork Reduction Act Notice, see the	ne Instructio	one for Form 900		Cahadid	le M (Form 990) (2014)
	,		ioi i oiiii 330.		SUHEUUI	:c ivi (i Uitti 33U) (ZU [4]

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432142 08-12-14

Schedule M (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

20-0583415 SOLDIERS' ANGELS FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND THEIR AMAZING FAMILIES. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN 2014, SOLDIERS' ANGELS (SA) SHIFTED ITS SUPPORT FROM FOCUSING SOLELY ON DEPLOYED SERVICE MEMBERS TO FOCUSING A LOT OF ITS RESOURCES ON VA MEDICAL CENTERS AND VETERAN PATIENTS. WITH THE DRAWDOWN IN COMBAT, THE ORGANIZATION NEEDED TO HAVE A MEANS OF UTILIZING ITS DONATIONS AND RESOURCES TO CONTINUE TO SERVE IN A NEW WAY. MANY OF THE CARE PACKAGE ITEMS SA RECEIVES NOW ARE USED TO MAKE HYGIENE KITS AND BOX LUNCHES INSTEAD OF GOING TO THE DEPLOYED. WHILE SOLDIERS' ANGELS STILL SENDS WHAT IT CAN TO THE DEPLOYED, THE NEED FOR THESE ITEMS HAS GREATLY DECLINED. FORM 990, PART VI, SECTION A, LINE 4: PLEASE SEE AMENDED BYLAWS ATTACHED. FORM 990, PART VI, SECTION B, LINE 11: AN ELECTRONIC COPY OF THE 990 WAS PROVIDED TO THE CEO AND CONTROLLER FOR REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C:

ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED EITHER AT REGULAR OR SPECIAL MEETINGS OF THE BOARD. POTENTIAL CONFLICTS ARE DISCLOSED, DISCUSSED AND VOTED UPON BY THE BOARD. IF THE CONFLICT INVOLVES ANY MEMBER, THAT

MEMBER REMOVES HIMSELF/HERSELF FROM THE MEETING DURING THE DISCUSSION AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

Name of the organization SOLDIERS' ANGELS	Employer identification number 20-0583415
THE VOTE. IF A CONFLICT OF INTEREST IS DISCOVERED AFTER T	HE FACT, THAT
CONFLICT IS BROUGHT TO THE BOARD'S ATTENTION AND THE MATT	ER IS DISCUSSED
AND RESOLVED.	
BEGINNING IN JUNE 2015, THE BOARD MEMBERS WILL EACH COMPL	ETE A CONFLICT OF
INTEREST DOCUMENT AT THE ANNUAL MEETING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL EM	PLOYEES AT THE
ANNUAL MEETING. SOLDIERS' ANGELS PULLS COMPARABLE DATA TO	PRESENT TO THE
BOARD FOR DISCUSSION AND DELIBERATION. THE DELIBERATION W	ILL BE DOCUMENTED.
EODM 000 DADW VII GEGETON	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMEN	
ON ITS WEBSITE FOR ALL YEARS SINCE 2004, THE YEAR THE ORGA	ANIZATION WAS
TOMED.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION ESTABLISHED A FORMAL PROCESS IN 2015 FOR	OVERSIGHT OF
THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.	