Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Α	For the	2016 calen	dar year, or tax	year begi	nning		, 201	6, an	d endir	ıg		,		
В	Check if a	pplicable:	C								D Employ	er identif	fication numbe	r
	Addr	ess change	SOL TREAS	JRES.	INC.						26-	17648	355	
	\vdash	e change	519 BROAD								E Telepho			
	\vdash	l return	KING CITY		3930								-9809	
	\vdash										031	-366-	-3003	
	H	return/terminated	İ									,		
	Ame	nded return									G Gross r			<u>8,690.</u>
	Appli	ication pending	F Name and addr	ess of princip	al officer: BET	SY OLTM	ANN			H(a) Is this a			Щ,	res X No
			SAME AS C	ABOVE						H(b) Are all If 'No,	subordinates attach a list.	included see inst	ructions)	res No
ī	Tax-exe	empt status	X 501(c)(3)	501(c) () ▼ (ii	nsert no.)	4947(a)(1)	or	527] "''	01100701101	(000	,	
J	Webs	ite: ► N/	'A			•				H(c) Group	exemption ni	ımber ►		
ĸ		f organization:	X Corporation	Trust	Association	Other >		L Year	of format	ion: 200			gal domicile:	<u>~</u>
	ırt I	Summar] 11431	Association	Outco		- 1001	0. 10		, , , , , , ,		90.00	<u></u>
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Ę	6 T		of volunteers (6		<u>6</u> 105
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⋖			d business taxat									7b		0.
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<u>•</u>			and grants (Pa								190,2			52,732.
en.		-	vice revenue (Pa		-						61,3	304.		<u>70,693.</u>
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Œ			e (Part VIII, coli									08.		-1,408.
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	1		imilar amounts (<u>750.</u>
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~	15 S	alaries, oth	er compensatior	i, employe	ee benefits (F	Part IX, colu	ımn (A), lin	es 5-	10)		7 <u>9,</u> 6	19.	1(<u>)5,550.</u>
ŝe	16a P	rofessional	fundraising fees	(Part IX,	column (A),	line 11e)								
Expenses	h Te	otal fundrais	sing expenses (I	Part IX co	olumn (D) lin	ne 25). ►		23	362.					
X	1										114 5		4 -	10 202
	1		ses (Part IX, col								114,7			18,202.
	1	-	es. Add lines 13								194,4	_		24,502.
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Net Assets or Fund Balances	l										g of Currer	_	End of	
\$ E	20 T		(Part X, line 16)								<u> 185, 4</u>			<u>33,515.</u>
A B	21 To	otal liabilitie	es (Part X, line 2	26)						٠ ـــــــــــ	10,0	63.		<u>10,616.</u>
ź	22 N	et assets or	fund balances.	Subtract	line 21 from l	line 20				.	175,3	84.	1	72,89 <u>9.</u>
Pa	ırt II	Signatur	e Block											
Unde	er penalties	s of perjury, I de	eclare that I have exa	mined this re	turn, including ac	companying sch	nedules and sta	atement	ts, and to	the best of m	y knowledge	and belie	ef, it is true, cor	rect, and
com	plete. Decl	aration of prepa	arer (other than office	r) is based or	n all information o	of which prepare	er has any knov	wledge.						
			CLIENT'S	COPY										
Sig	าก	Signatu	re of officer						_	Da	te			
He	re	SON	IA CHAPA							PRESI	EDENT			
•••			print name and title							11001	LDBNI			
	_		preparer's name		Preparer's sign	nature		D:	 ate		Check	if F	PTIN	
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Pa			NE M. GARCIA		Kache		1. Day		/ 3	11/	self-employ	eu []	P00644077	
	eparer	Firm's name		WAYLA		TING & CO	NSULTING					_		
US	e Only	Firm's addr	ess <u>1188 PA</u>	DRE DRIV	E, SUITE 1	.01			_	Firm's EIN ► 20-1939256				
				, CA 939							Phone no.	831-7	59-6300	
May	the IRS	S discuss th	nis return with th	e prepare	r shown abov	ve? (see ins	structions).						X Yes	No

	n 990 (,			26-1	764855		age 2
Pa	rt III	Statement of Program S						
		Check if Schedule O contains		in this Part III				X
1		y describe the organization's mi	ssion:					
	SEE	SCHEDULE O		-				
2	Did th	e organization undertake any sign	ificant program services during t	he year which were not list	ed on the prior			
	Form	990 or 990-EZ?				Ye	s X	No
		s,' describe these new services				لسا	لتجا	
3		ne organization cease conductin		s in how it conducts, any	program services?	. Ye	s X	No
•		s,' describe these changes on S		o in now it conducts, any	program sorvices	·· [_] '`	.5 1	
4		•		and of its three largest n	roorom corvinos os r	naacurad b		
4	Section	ribe the organization's program on 501(c)(3) and 501(c)(4) organ	nizations are required to repo	t the amount of grants a	nd allocations to othe	rs. the tota	l expens	ses.
	and re	evenue, if any, for each progran	n service reported.	• · · · · · · · · · · · · · · · · · · ·				,
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4	d Other	program services (Describe in	Schedule O.)					
	(Expe		including grants of \$) (F	Revenue \$)	
4		program service expenses >	171,529.	7 (<u> </u>		•	
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Form 990 (2016) SOL TREASURES, INC. Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	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.	11 c		Х
	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	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.	19		Х
7 4 7		Farm	ann	(2016)

Form 990 (2016) SOL TREASURES, INC. Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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.	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		х
24 a	a 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.	24a		Х
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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			,
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf '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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		х
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Form **990** (2016)

			Yes	No
1 8	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ı	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 reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		•	
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	of 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	o If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
5 8	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
,	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
(If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
•	as required?	7 g		
	of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			l
	organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			ĺ
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		— —
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		<u> </u>
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			l
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
á	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		—
	Note. See the instructions for additional information the organization must report on Schedule O.			l
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		,	
	Enter the amount of reserves on hand			v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2016) SOL TREASURES, INC. 26-1764855 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person?..... 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х X Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body?..... 8a Х **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No Х **10 a** Did the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...SEE. SCHEDULE. O...... X 12 c 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official...... Х 15 a X **b** Other officers or key employees of the organization. 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16 b **Section C. Disclosure** 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

DEBRA COBB 519 BROADWAY

Form	aan	(2016)	TOD	TREASURES.	TNC
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26-1764855

Page 7

Part VII 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

- 1 a 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.												
(C) Position (do not check more												
(A) Name and Titte	(B) Average hours per	thai	n one s both	box,	unle: officer trust/	ss perso and a ee)	on	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation		
<u>.</u>	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations		
(1) JANENE NORUM	44											
VICE PRESIDENT	0	X		X				0.	0.	0.		
(2) BARBARA PEKEMA	2											
DIRECTOR	0	X						0.	0.	0.		
(3) BRANDI BORZINI	44											
TREASURER	0	Х		Х	<u> </u>			0.	0.	0.		
(4) SONIA CHAPA	44											
PRESIDENT	0	X		X	<u> </u>			0.	0.	0.		
(5) RENATA FUNKE	2						ĺ					
DIRECTOR	0	X			<u> </u>	\sqcup		0.	0.	0.		
_(6)_ANNA_TIMOSHENKO_CHILDERS	2								_			
DIRECTOR	0	X			<u> </u>			0.	0.	0.		
	2											
DIRECTOR	0	X				\sqcup		0.	0.	0.		
_(8) PAULA MARTINEZ	2								_	_		
DIRECTOR	0	X				-		0.	0.	0.		
_(9) KASEY TERTULIEN	2							_	_			
DIRECTOR	0	X						0.	0.	0.		
(10) SARA MONCRIEF CONATSER	44	,,		.,				•	•	•		
SECRETARY	0	X		Х	_	\vdash	_	0.	0.	0.		
(11) THERESA TOOHEY	4	ļ ,,		٠,,				•				
TREASURER	0	Х		Х	_	\vdash		0.	0.	0.		
(12) JOHN MUNSEE	2	١,,						0	0			
DIRECTOR	0	X						0.	0.	0.		
(13) VERENICE AMEZCUA	2	,,						· .	^	_		
DIRECTOR	0	X	_			-	\dashv	0.	0.	0.		
DIRECTOR	2	ļ "							0	_		
DIVECTOR	0	X						0.	0.	0.		

BAA

Part VII Section A. Officers, Directors, Tre		i (Cy		•		C3,	alli	i riigilest coll	ipensateu Emp	Oyee	S (cond	nueu)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle: cer an	heck ss pe d a d	sition more erson direct	h is or the employee	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amo cor ore ar	(F) Estimated out of of of opensati from the ganization of relate ganization of the	ther on on d
(15) DUANE WOLGAMOTT DIRECTOR	2	х						0.	0.			0.
(16) BETSY OLTMANN EXECUTIVE DIR.	$-\frac{20}{0}$			х				37,812.	0.			0.
(17)		-										
(18)												
<u>(19)</u>		-										
(20)												
(21)					_			_				
(22)												
(23)												
(24)									_			
(25)												
1 b Sub-total							•	37,812.	0.			0.
c Total from continuation sheets to Part VII, Section	on A						▶	0.	0.			0.
d Total (add lines 1b and 1c).							•	37,812.	0.			0.
2 Total number of individuals (including but not limited	to those li	isted	abov	e) v	vho	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization 0											,	
3 Did the organization list any former officer, direct	tor, or tru	stee,	key	em	plog	yee,	or h	ighest compensat	ed employee	3	Yes	No
 on line 1a? If 'Yes,' complete Schedule J for suc 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate 										-		X
5 Did any person listed on line 1a receive or accrui	compen	 satio	n fro	 om a	any	 unre	late	d organization or	individual	4		X
for services rendered to the organization? If 'Yes	, comple	te So	chedi	ule	J fo	r suc	h p	erson		. 5		X
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated inde	epen	dent	cor dar v	ntra vear	ctors endir	tha	t received more th	nan \$100,000 of			
(A) Name and business addi					,			(B) Description o		Compe	C) ensatio	'n
												<u> </u>
							_					
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	tho:	se li	isted	d abo	ve)	who received more	than			

	Check if Schedule O contains a response	onse or note to any	line in this Part VII	II		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$	152,732.				
<u>3 €</u>	h Total. Add lines 1a-1f		152,732.			
		Business Code				
절	2a CLASSES AND FIELDTRIPS	711130	53,362.	53,362.		
Program Service Revenue	b ART AND BOOK SALES	711130	17,331.	17,331.		
<u>.</u> 2	с					
8	d					
Ë	e					
쭚	f All other program service revenue					
Ğ	g Total. Add lines 2a-2f	▶	70,693.			
	3 Investment income (including dividends	, interest and	Ì			
	other similar amounts)	L				
	4 Income from investment of tax-exempt	· · · · · · · · · · · · · · · · · · ·				
	5 Royalties					
	(i) Real	(ii) Personal	·		•	1
	6a Gross rents					.`
	b Less: rental expenses	 				
	c Rental income or (loss)	1				* •
		· · · · · · · · · · · · · · · · · · ·				
	7 a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory	-				
	b Less: cost or other basis	1				
	and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
울	8a Gross income from fundraising events		ļ			
ē	(not including. \$ of contributions reported on line 1c).				•	·
é	See Part IV, line 18		ļ	,		
<u></u>	b Less: direct expenses					
Other Revenue	c Net income or (loss) from fundraising e	0,0,0.	1 400			
O	9 a Gross income from gaming activities. See Part IV, line 19		-1,408.			<u>-</u>
	b Less: direct expenses			1		
	c Net income or (loss) from gaming active		ĺ	1		
						
	10 a Gross sales of inventory, less returns and allowances a		i			
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inve			l		
	Miscellaneous Revenue	Business Code				
	11 a		j			
	b					
	c			Ì		
	d All other revenue		İ			
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		222,017.	70,693.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (C) (D) Do not include amounts reported on lines Management and Total expenses Program service Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22...... 750 750 Grants and other assistance to foreign 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..... 37,812 9,453 7,562 20,797. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 6,276 58,807 52,531 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)....... Other employee benefits..... **10** Payroll taxes..... 8,931 1,161 2,233. 5,537. 11 Fees for services (non-employees): a Management..... **b** Legal...... c Accounting...... 2,200 2,200 e Professional fundraising services. See Part IV, line 17. . . f Investment management fees..... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.\$C.H. 50,503 48,898. 1,605 366 366 2,703. Office expenses..... 3,940 237 Information technology..... 14 Royalties..... Occupancy..... 25,019 21,360 3,659 1,361 1,361 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 121 121 Payments to affiliates..... Depreciation, depletion, and amortization ... 2,911 1,456 1,455 469. 23 Insurance..... 4,450 3,865 116. 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.) 9,966 9,966 a ART AND BOOKS b THEATER PERFORMANCES 9,798 9,798 c CLASSROOM SUPPLIES 4,484 4,484 d PRINTING AND PUBLICATIONS 2,412 1.688 724 671. 140 315 216. e All other expenses...... 171,529. 29,611 23,362. 25 Total functional expenses. Add lines 1 through 24e . . . 224,502. 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).....

		Check if Schedule O contains a response or note to	o any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			88,564.	1	84,187.
	2	Savings and temporary cash investments		[<u> </u>	2	
	3	Pledges and grants receivable, net			87,382.	3	73,815.
	4	Accounts receivable, net			•	4	<u> </u>
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers, dire	ctors, omplete		5	
	6	Loans and other receivables from other disqualified pusection 4958(f)(1)), persons described in section 4958(c)(comployers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	(3)(B), and cor	ntributina		6	
\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
پ	9	Prepaid expenses and deferred charges			383.	9	303.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	38,739.			
		Less: accumulated depreciation		13,529.	9,118.	10 c	25,210.
	11	Investments – publicly traded securities			5,110.	11	23,210.
ł	12	Investments – other securities. See Part IV, line 11.		<u> -</u>		12	
	13	Investments – program-related. See Part IV, line 11.		<u> </u>		13	
ļ	14	Intangible assets		<u> </u>		14	
Ì	15	Other assets. See Part IV, line 11	<u>_</u>		15		
	16	Total assets. Add lines 1 through 15 (must equal line			185,447.	16	183,515.
\dashv	17	Accounts payable and accrued expenses			3,957.	17	3,670.
	18	Grants payable		18	3,070.		
	19	Deferred revenue		L		19	
	20	Tax-exempt bond liabilities				20	
92	21	Escrow or custodial account liability. Complete Part I	V of Schedul	e D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, d disqualified	trustees, persons.		22	
	23	Secured mortgages and notes payable to unrelated th	nird parties			23	
	24	Unsecured notes and loans payable to unrelated third	- ·	-		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related to plete Part X	hird parties, of Schedule D.	6,106.	25	6,946.
	26	Total liabilities. Add lines 17 through 25			10,063.	26	10,616.
Ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.		nd complete			
ğ	27	Unrestricted net assets		<u> </u>	108,954.	27	53,634.
찖	28	Temporarily restricted net assets		<u> </u>	66, 4 <u>3</u> 0.	28	119,265.
힏	29	Permanently restricted net assets		· · · · · · · · · · · ·		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	neck here >				
8	30	Capital stock or trust principal, or current funds				30	
8	31	Paid-in or capital surplus, or land, building, or equipment	nent fund	[31	
As	32	Retained earnings, endowment, accumulated income,	, or other fun	ds		32	
[33	Total net assets or fund balances		[175,384.	33	172,899.
_	34	Total liabilities and net assets/fund balances	<u></u>	<u> </u>	185,447.	34	183,515.
BA	4						Form 990 (2016)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		222,	017.			
2	Total expenses (must equal Part IX, column (A), line 25)		224,	502.			
3	Revenue less expenses. Subtract line 2 from line 1		-2,	485.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		175,	384.			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities						
7 Investment expenses							
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain in Schedule O)			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		172.	899.			
Pa	rt XII Financial Statements and Reporting			033.			
	Check if Schedule O contains a response or note to any line in this Part XII						
	Check if Ocheanic O contains a response of note to any line in this rate XIII		Yes				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	[1,00	1			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	[2 a	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis	а					
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	·····		+			
	basis, consolidated basis, or both:			1			
	Separate basis Consolidated basis Both consolidated and separate basis			} · .			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
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?							
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit		3 b				
BAA	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b Form 990	(2016)			
DAY	1		01111 330	(2010)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SOL TREASURES, INC 26-1764855 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(bX1XAXvi)**. (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes Nο (A) (B) (C) (D) (E)

TEEA0401L 09/28/16

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

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

Calendar year (or fiscal year beginning in) — (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) — (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total employability for including an advantage of the comparation is benefit and either paid to or expended on it is behalf in the paid to or expended on it is behalf in the paid to or expended on it is behalf in the paid to or expended on it is behalf in the paid to or expended on it is behalf in the paid to or expended on it is behalf in the paid to or expended on it is behalf in the paid to or expended on it is behalf in the paid to or expended on it is behalf in the paid to or expended on it is behalf in the paid to or expended on its behalf in the paid to or expended on its behalf in the paid to or expended on its behalf in the paid to expende it in the	Sec	tion A. Public Support								
include any fundable price of the organization's benefit and early and a second on its behalf and early an	begi	nning in) 🖹	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
organization's benefit and either paid to or expended on its behalt. 3 The value of services or facilities furnished to organization without charge. 4 Total, Add lines I through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line I that exceeds 2% of the amount shown on line I , column (in). 6 Public support, Subtract line 5 from line 4 support. Calendar year (or fiscal year beginning in) P 7 Amounts from line 4	1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
facilities furnished by a governmental unit to the general unit of the governmental unit to the general unit of the governmental unit to the general unit of public supports of total contributions by each person (other than a governmental unit of public support en ine 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 8. 6 From line 8. 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) (a) 2015 (e) 2016 (f) Total supports on interest, organized and income from securities loans, rents, royalities and income from 10 of the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 900 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization. 15 Public support percentage from 2015 Schedule A, Part II, line 14. 16 33-1/3% support test—2016. If the organization did not check the box on line 13 and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-dacts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, and line 14 is 10% or more, and if the organization males the facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization medes the facts-and-circumstances test. The organization did not check a box on line 13,	2	organization's benefit and either paid to or expended								
5 The portion of total contributions by each person (other than a governmental until or publicly support degranization) included on line it halt exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) + 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, tends, so the sale of a subtract sole of the sale of a spit all sasses (Explain in Part VI). Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on. 11 Total support. Add lines 7 through 10. 11 Total support had lines 7 through 10. 12 Gross receiplis from related activities, etc. (see instructions). 12 Gross receiplis from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 4 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)). 14 % 15 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)). 15 % 16a 33-1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13 is 3, and stop here. 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, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the facts	3	facilities furnished by a governmental unit to the								
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Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))		organization, check this box and	stop here	• • • • • • • • • • • • • • • • • • • •	ird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶ □		
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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		or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he r a publicly support	r e. Explain in Part ed organization	VI how the ►		
	18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions ►		

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	ar year (or fiscal year beginning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include I		•			I	
_	any 'unusual grants.')	55,431.	174,744.	116,290.	190,293.	<u>15</u> 2,732.	<u>689,490.</u>
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	49,571.	54,205.	66,838.	61,304.	70,693.	302,611.
3	Gross receipts from activities	43,371.	34,203.	00,030.	01,304.	10,093.	302,011.
_	that are not an unrelated trade					İ	_
	or business under section 513. Tax revenues levied for the						
4	organization's benefit and						
	either paid to or expended on						_
5	its behalf						0.
5	facilities furnished by a						
	governmental unit to the						0
_	organization without charge	105 000	222 212	100 100	051 500	222 425	0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	105,002.	228,949.	183,128.	251,597.	223,425.	992,101.
/a	2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	<u> </u>
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	0.	0.	0.	0.	0.	0.
r	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line	<u> </u>	<u></u>	<u> </u>		- 0.	<u> </u>
	7c from line 6.)					·	992,101.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	105,002.	228,949.	183,128.	251,597.	223,425.	992,101.
10a	Gross income from interest, dividends,			:			
	payments received on securities loans, rents, royalties and income from					1	
	similar sources	1					0.
b	Unrelated business taxable income (less section 511						_
	taxes) from businesses						
	acquired after June 30, 1975						0.
_	Add lines 10a and 10b	0.	0.	0.	0.	0.	
11	Net income from unrelated business activities not included in line 10b,]	
	whether or not the business is						
10	regularly carried on	2,518.	3,880.	1,538.			7,936.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in					1	^
12	Total support. (Add lines 9,			_	_	-	0.
13	10c, 11, and 12.)	107,520.	232,829.	184,666.	251,597.	223,425.	1,000,037.
14	First five years. If the Form 990	is for the organiza	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	3)
Sec	organization, check this box and tion C. Computation of Pul			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		·····
15	Public support percentage for 20			a 13 column (fl)	_		99.21 %
16	Public support percentage from 2	• •	• •				98.14 %
	tion D. Computation of Inv						90.14
17	Investment income percentage for				mn (f))		0.00 %
18	Investment income percentage fi	· ·		-		⊢ +	0.00 %
	33-1/3% support tests—2016. If t						d line 17
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	orted organization	▶ 🛛
b	33-1/3% support tests-2015. If t	he organization di	d not check a box	on line 14 or lin	e 19a, and line 16	is more than 33-	1/3%, and
20	line 18 is not more than 33-1/3%		•				_
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	4, 19a, or 19b, c	neck this box and	see instructions .	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	A. Ali	Supporting	Organizations
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			$\overline{}$	Vaa	Ma
		,		Yes	No
	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.	1_		
	2	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).	2		
	3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
	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.	3b		
	С	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.	3c		
	4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	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.	4b		
	С	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) purposes.	4c		
	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).	5a		
	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?	5b		
	С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .	6	_	
	7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	8	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 or 990-EZ).	8		
	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 .	9a		
	b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
	С	Did a disqualified person (as defined in line 9a) 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 .	9c		
1	0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
	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.)	10b		

Pa	No Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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		
	b A family member of a person described in (a) above?	11b		
	C 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		
	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 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	·		Yes	No
1	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).	1		
Sec	tion D. All Type III Supporting Organizations			
	ſ		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
ı	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struc	tions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
•	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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the 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	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 trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ا ا	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

_	Sold Treadures, The			104000 1 age (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain in it complete Sections A	n Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	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		
	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):			
;	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	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		
_5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally int	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) So	upporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes	_	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s,		
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
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 which the organization Part VI). See instructions.	ion is responsive (provide	details	
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a	·			
b				· <u> </u>
	From 2013		<u> </u>	
	From 2014			
	From 2015	•		
	Total of lines 3a through e			, ·
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			·
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2016 from Section D, line 7:			
	Applied to underdistributions of prior years	<u> </u>		
	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5 	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	,		
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization		Employer identification number
SOL TREASURES, INC.		26-1764855
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(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 priva	ate foundation
	501(c)(3) taxable private foundation	
	Government	_
Check if your organization is covered by the General	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	special Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ property) from any one contributor. Complete	, or 990-PF that received, during the year, contributions tota te Parts I and II. See instructions for determining a contribu	aling \$5,000 or more (in money or tor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi), t	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lichildren or animals. Complete Parts I, II, and III.	from any one contributor, terary, or educational
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete an	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribution e total contributions that were received during the year for any of the parts unless the General Rule applies to this organule, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, ization because
Caution. An organization that isn't covered by the 990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it doesn't meet the second control of the s	he General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990	lule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, 0-PF).

1 of

2 of Part I

Name of organization
SOL TREASURES, INC.

Employer identification number

2	6-	1	7	c	A 1	0			
_	n-		- 1	n	4,	n	ר	7	

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Number (c) Total contributions (d) Type of contribution (b) Name, address, and ZIP + 4 Person Х HARDEN FOUNDATION_____ **Payroll** 12,000 PO BOX 779 Noncash (Complete Part II for SALINAS, CA 93902 noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) (a) Number Type of contribution Person X 2__ COMMUNITY FOUNDATION FOR MTY CTY____ **Payroll** 66,787 2354 GARDEN ROAD Noncash (Complete Part II for MONTEREY, CA 93940 noncash contributions.) (d) Type of contribution (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions X Person 3__ NANCY BUCK RANSOM FOUNDATION **Payroll** 7,000. PO BOX 749 _____ Noncash (Complete Part II for MONTEREY, CA 93942 noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total (d)
Type of contribution (a) Number contributions X Person ART'S COUNCIL OF MONTEREY COUNTY Payro!! 5,000. PO BOX 7495 Noncash (Complete Part II for CARMEL, CA 93921 noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution (a) Number contributions X Person CHEVRON 5__ **Payroll** 10,000 9525 CAMINO MEDIA, ROOM A2046 Noncash (Complete Part II for BAKERSFIELD, CA 93311 noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (a) Number (d) Type of contribution X Person 6__ RITA AND LUIS ECHENIQUE FNDN **Payroll** 18,000 420 DELA VINA AVENUE #8 Noncash (Complete Part II for MONTEREY, CA 93942 noncash contributions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	GORDON & VICKI ROSENBERG PO BOX 137 SAN ARDO, CA 93450	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

1 to

1 of Part II

Employer identification number

SOL TREASURES, INC. 26-1764855

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
	4.	\$	
(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. 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Ś	
BAA	Caba	dula P (Farm 990, 990.E)	7 or 990 PE) (2016

Name of organization Employer identification number SOL TREASURES 26-1764855 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)...... Use duplicate copies of Part III if additional space is needed. (d)
Description of how gift is held (a) No. from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (d) Description of how gift is held (a) No. from Part I (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on 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.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

open to Public Inspection
Employer identification number

	SOL TREASURES, INC.				26-1764855	
Par	Organizations Maintaining Donor Complete if the organization answer	Advised Funds or Otered 'Yes' on Form 99	her Similar Funds 0. Part IV. line 6.	or Acc		
		(a) Donor advised	· · · · · · · · · · · · · · · · · · ·	(b) Fi	unds and other accounts	
1	Total number at end of year	(a) Donor davisor	, tunes	(5)	and direction decoding	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)		 			
4	Aggregate value at end of year					
_	, _		_			
5	Did the organization inform all donors and donor are the organization's property, subject to the or	r advisors in writing that th ganization's exclusive lega	e assets held in donor il control?	advised	funds Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit o impermissible private benefit?	, and donor advisors in wri f the donor or donor adviso	ting that grant funds cor, or for any other pur	an be use pose con	d only ferring Yes	No
Par	Conservation Easements. Complete if the organization answer	ered 'Yes' on Form 99	0, Part IV, line 7.			
1	Purpose(s) of conservation easements held by t					
	Preservation of land for public use (e.g., rec	reation or education)	Preservation of a	historicall	y important land area	
	Protection of natural habitat		Preservation of a	certified h	nistoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation co	ntribution in the form of	a conserv	ation easement on the	
	last day of the tax year.	·	-			
			ļ.		eld at the End of the Tax	(Year
	Total number of conservation easements		<u> -</u>	2 a		
	Total acreage restricted by conservation easeme		· +	2 b		
	: Number of conservation easements on a certifie		` '	2 c		
C	Number of conservation easements included in estructure listed in the National Register	(c) acquired after 8/17/06,	and not on a historic	2 d		
3	Number of conservation easements modified, transfetax year ►	erred, released, extinguished	l, or terminated by the o	rganization	n during the	
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy rega and enforcement of the conservation easements	rding the periodic monitori	ng, inspection, handlir	ng of viola	itions, Yes	No
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violation	s, and enforcing conser	vation eas	ements during the year	
7	Amount of expenses incurred in monitoring, inspecti ►\$	ng, handling of violations, a	nd enforcing conservatio	n easeme	nts during the year	
8	Does each conservation easement reported on I and section 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the	requirements of section	n 170(h)(4	l)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports or include, if applicable, the text of the footnote to conservation easements.	onservation easements in its the organization's financia	revenue and expense s I statements that desc	tatement, ribes the	and balance sheet, and organization's accounting	g for
Par		ions of Art Historica	Treasures or Oti	her Sim	ilar Assets	
Fai	Complete if the organization answer	ered 'Yes' on Form 99	0, Part IV, line 8.		iidi A330(3,	
1 a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to	report in its revenue	statemen	t and balance sheet wor	ks of
	art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financi	for public exhibition, educati al statements that describe	on, or research in furthe es these items.	rance of p	ublic service, provide,	
t	If the organization elected, as permitted under S historical treasures, or other similar assets held for p following amounts relating to these items:	oublic exhibition, education,	or research in furtherand	ce of public	c service, provide the	of art,
	(i) Revenue included on Form 990, Part VIII, lin					
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, hist amounts required to be reported under SFAS 11	6 (ASC 958) relating to the	ese items:			
	Revenue included on Form 990, Part VIII, line 1					
ŀ	Assets included in Form 990, Part X				⊳ \$	

Part III Organizations maintai	ining cond	CHOIIS	OI AIG IIISK	rical ficasules, o	Other Shimal Ass	CL3 (C	OI ICII IC	,cu,
3 Using the organization's acquisition items (check all that apply):	, accession, a	and other	records, check a	ny of the following that a	re a significant use of its	collectio	n	
a Public exhibition			d Loan	or exchange programs				
b Scholarly research			e Other					
c Preservation for future gener	ations							
4 Provide a description of the organiz Part XIII.	ation's collect	tions and	explain how they	further the organization'	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be ma	intained	as part of the o	rganization's collection	<u>? </u>	Yes		No
Part IV Escrow and Custodia	Arranger	nents. (Complete if t	he organization an	swered 'Yes' on Fo	rm 99	0, Par	t IV,
line 9, or reported an	amount on	Form	990, Part X,	line 21.				
1 a Is the organization an agent, trus on Form 990, Part X?					er assets not included	Yes	[No
b If 'Yes,' explain the arrangement	in Part XIII a	and comp	lete the followi	ng table:				
						Amour	t	
c Beginning balance					1c			
d Additions during the year								
e Distributions during the year						_		
f Ending balance								٦
2 a Did the organization include an a								No
b If 'Yes,' explain the arrangement	in Part XIII.	Check he	ere if the explar	nation has been provide	ed on Part XIII		· · · · · L	
D-4V - 1					000 D+ IV C	10		
Part V Endowment Funds. C		T				1	F	- haali
1 - Reginning of year helence	(a) Current	t year	(b) Prior year	r (c) Two years back	(d) Three years back	(e)	Four year	S Dack
1 a Beginning of year balance b Contributions				<u> </u>	_	+		
b Contributions	<u> </u>					+		
c Net investment earnings, gains, and losses								
d Grants or scholarships						<u> </u>		
Other expenditures for facilities and programs								
f Administrative expenses				_				
g End of year balance								
2 Provide the estimated percentage		ent year e	•	ne 1g, column (a)) held	as:			
a Board designated or quasi-endowm			%					
b Permanent endowment	·	5	•					
c Temporarily restricted endowmer			- % 					
The percentages on lines 2a, 2b, ar	nd 2c should e	equal 100°	% .					
3 a Are there endowment funds not in t	he possessior	n of the or	ganization that a	are held and administered	for the		Vac	T No
organization by: (i) unrelated organizations						20(1)	Yes	No
(ii) related organizations						. 3a(i) . 3a(ii)		
b If 'Yes' on line 3a(ii), are the rela								
4 Describe in Part XIII the intended	-		•			. 30		<u> </u>
Part VI Land, Buildings, and			tion 3 chaowing	site idilds.				
Complete if the organi			'Yes' on For	m 990, Part IV, line	e 11a. See F <i>o</i> rm 99			
Description of property		(a) Cost (inv	or other basis restment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book v	alue
1 a Land								
b Buildings								
c Leasehold improvements			_	17,703.	_	_	17	<u>,703.</u>
d Equipment								
e Other		<u> </u>		21,036.	13,529.			<u>,507.</u>
Total. Add lines 1a through 1e. (Colum	n (d) must e	qual Forr	n 990, Part X, o	column (B), line 10c.).				<u>, 210.</u>
BAA					Sched	ule D (F	orm 990	0) 2016

Sompleto il tilo organization anomorea	res on rount 99	o, Fait IV, lille I ID.	See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
<u>(C)</u>			
(D)			
(E)			-
(F)			
(G)			
(H)			
(1)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)) T / 3	
Part VIII Investments – Program Related. Complete if the organization answered	'Ves' on Form 99	N/A 0 Part IV line 11c	See Form 990 Part X line 13
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
	(=) Dook value	(w) motion of valuation	Joe J. J. J. J. J. J. Harriot value
(1)			
(3)			
(4)			
(5)			
(6)		-	
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
Part IX Other Assets.		\	
Complete if the organization answered	N/I	N O Part IV line 11d	See Form 990, Part X, line 15
Complete if the organization answered	'Yes' on Form 99	N 0, Part IV, line 11d.	
Complete if the organization answered (a) Des	'Yes' on Form 99 cription	0, Part IV, line 11d.	See Form 990, Part X, line 15
Complete if the organization answered (a) Des	'Yes' on Form 99	0, Part IV, line 11d.	
Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 99	O, Part IV, line 11d.	
Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 99	N 0, Part IV, line 11d.	
Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 99	0, Part IV, line 11d.	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 99	0, Part IV, line 11d.	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 99	O, Part IV, line 11d.	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 99	No, Part IV, line 11d.	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 99	No, Part IV, line 11d.	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 99	No, Part IV, line 11d.	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 99	0, Part IV, line 11d.	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities.	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d.	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15.)	0, Part IV, line 11d.	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	'Yes' on Form 99 scription B) line 15.)	0, Part IV, line 11d.	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (E) (a) Description of liability (1) Federal income taxes	3) line 15.)orm 990, Part IV, line 1	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES	3) line 15.) orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) DEFERRED REVENUE	3) line 15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) DEFERRED REVENUE (4) PAYROLL TAXES	3) line 15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (I) (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) DEFERRED REVENUE (4) PAYROLL TAXES (5) SALES TAXES PAYABLE	3) line 15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (I) (1) Federal income taxes (2) ACCRUED EXPENSES (3) DEFERRED REVENUE (4) PAYROLL TAXES (5) SALES TAXES PAYABLE (6)	3) line 15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) DEFERRED REVENUE (4) PAYROLL TAXES (5) SALES TAXES PAYABLE (6) (7)	3) line 15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) DEFERRED REVENUE (4) PAYROLL TAXES (5) SALES TAXES PAYABLE (6) (7) (8)	3) line 15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) DEFERRED REVENUE (4) PAYROLL TAXES (5) SALES TAXES PAYABLE (6) (7) (8) (9)	3) line 15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (E) (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) DEFERRED REVENUE (4) PAYROLL TAXES (5) SALES TAXES PAYABLE (6) (7) (8) (9) (10)	3) line 15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) DEFERRED REVENUE (4) PAYROLL TAXES (5) SALES TAXES PAYABLE (6) (7) (8) (9)	3) line 15.)	1e or 11f. See Form 990,	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Ro	eturn. N/A
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	. 2a	
b Donated services and use of facilities	. 2b	
c Recoveries of prior year grants	. 2c	
d Other (Describe in Part XIII.)	. 2d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b Other (Describe in Part XIII.)	. 4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part VII Becausilistics of Expanses now Audited Financial Statem	auta With Ermanaga nau	Poturn N/A
Part XII Reconciliation of Expenses per Audited Financial Statem	ents with Expenses per	Netulli. M/ A
Complete if the organization answered 'Yes' on Form 990,		Neturii. M/A
	Part IV, line 12a.	1 1
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements	Part IV, line 12a. 2a 2b	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements	Part IV, line 12a. 2 a 2 b 2 c	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses	Part IV, line 12a. 2 a 2 b 2 c 2 d	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.)	Part IV, line 12a. 2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements	Part IV, line 12a. 2a 2b 2c 2d	1 2e
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	Part IV, line 12a. 2 a	1 2e
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	Part IV, line 12a. 2 a 2 b 2 c 2 d 4 a 4 b	2e 3
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b.	Part IV, line 12a. 2 a 2 b 2 c 2 d 4 a 4 b	2e 3
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.).	Part IV, line 12a. 2 a 2 b 2 c 2 d 4 a 4 b	2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Schedule **D** (Form 990) 2016

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.

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

2016

Open to sublic hispection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SOL TREASURES, INC

Employer identification number 26-1764855

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

SOL TREASURES PROVIDES RURAL RESIDENTS AN EASILY ACCESSIBLE LOCATION IN WHICH TO ENJOY AND EXHIBIT FEATURED WORKS OF LOCAL ARTISTS. CLASSES ARE AVAILABLE TO THE GENERAL PUBLIC AS WELL AS TO SCHOOL CHILDREN.

IN ADDITION TO PAINTINGS, DRAWINGS AND PHOTOGRAPHS, LOCAL RESIDENTS ALSO PRESENT FINISHED WORKS IN OUILTING, BASKET WEAVING, POETRY, AND GLASS BLOWING AND OTHER TYPES OF ARTS CARRIED DOWN THROUGH THE GENERATIONS. SOL TREASURES PRIMARY GOAL IS TO BRING THE CULTURE OF ART TO COMMUNITIES AND CHILDREN WHO WOULD NOT OTHERWISE HAVE THIS OPPORTUNITY.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SOL TREASURES PROVIDES RURAL RESIDENTS AN EASILY ACCESSIBLE LOCATION IN WHICH TO ENJOY AND EXHIBIT FEATURED WORKS OF LOCAL ARTISTS. CLASSES ARE AVAILABLE TO THE GENERAL PUBLIC AS WELL AS TO SCHOOL CHILDREN.

IN ADDITION TO PAINTINGS, DRAWINGS AND PHOTOGRAPHS, LOCAL RESIDENTS ALSO PRESENT FINISHED WORKS IN QUILTING, BASKET WEAVING, POETRY, AND GLASS BLOWING AND OTHER TYPES OF ARTS CARRIED DOWN THROUGH THE GENERATIONS. SOL TREASURES PRIMARY GOAL IS TO BRING THE CULTURE OF ART TO COMMUNITIES AND CHILDREN WHO WOULD NOT OTHERWISE HAVE THIS OPPORTUNITY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

OFFICERS AND BOARD OF DIRECTORS REVIEW AND CONFIRM FORM 990

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE ORGANIZATION REGULARLY MONITORS FOR POTENTIAL CONFLICTS OF INTEREST AND REQUIRES THAT AN

INTERESTED PERSON DISCLOSE POSSIBLE CONFLICTS.

Name of the organization	Employer identification number
SOL TREASURES, INC.	26-1764855

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
CONTRACT SERVICES INSTRUCTOR FEES		5,018.	3,413. 45,485.	1,605.	
INSTRUCTOR FEES	TOTAL	45,485. \$ 50,503.	\$ 48,898.	\$ 1,605.	\$ 0.

12/31/16

2016 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 46306

SOL TREASURES, INC.

26-1764855

							-								
·/17															09:24
IO DESCRIPTION	DATE <u>ACQUIRED</u> .	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD J	LIFE.	_RATE	CURREN ⁻ DEPR.
ORM 990/990-PF															
FURNITURE AND FIXTURES															
1 DISPLAY CASES	1/01/08		1,881							1,881	1,881	200DB HY	7		
2 FOUNTAIN	2/02/10		1,112							1,112	962	200DB HY	7	.08930	
3 KILN	10/31/11		1,631							1,631	1,092	200DB HY	7	.08920	
4 8 WIRELESS MIC RECEIVERS	4/25/13		6,996							6,996	3,937	200DB HY	7	.12490	
5 CLASSROOM CABINETS	8/08/13		1,100							1,100	618	200DB HY	7	.12490	
6 SHARP MX2610N COPIER	9/11/13		2,682							2,682	1,509	200DB HY	7	.12490	
7 4 WIRELESS MICS	4/21/15		4,334							4,334	619	200DB HY	7	.24490	
8 IMAC COMPUTER	7/30/16	_	1,300							1,300		200DB HY	5	.20000	
TOTAL FURNITURE AND FIXTURE			21,036	•	0	C) (0	0	21,036	10,618				
IMPROVEMENTS															
9 LANDSCAPING CIP	12/31/16	_	17,703							17,703					
TOTAL IMPROVEMENTS			17,703		0	C) (0	0	17,703	0				
TOTAL DEPRECIATION		_	38,739		0	() 0	0	38,739	10,618			•	_
GRAND TOTAL DEPRECIATION			38,739		0	ſ) () () 0	38,739	10,618				

2016 California Exempt Organization Annual Information Return

•	O1 (14	'
1	99)

Calendar Ye	ear 2016 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyy	v)	
	ganization name		California corporation number
SOL TRI	EASURES, INC.		3059229
	rmation. See instructions.		FEIN
			26-1764855
	(suite or room)		PMB no.
519 BR	JADWAY State		Zip code
KING C			93930
Foreign country	y name Foreign prov	ince/state/county	Foreign postal code
		00704 1 11	
	ırn		
	Return See instructions		• Yes X No
	on 4947(a)(1) trust		
	rmation Return? K Is the organization exempt un	der R&TC Section 237	'01g?
	issolved Surrendered (withdrawn) If 'Yes,' enter the gross receip	te from	<u> </u>
	counting method: nonmember sources L If organization is exempt undi		
1 (_
	eturn filed? 1 • 990T 2 • 990-PF 3 • Sch H (990) No filing fee is required		
	ner 990 series M Is the organization a Limited	Liability Company?	• Yes X No
G Is this a	group filing? See instructions		
	ganization in a group exemption? Yes x No O Is the organization under aud audited in a prior year?	it by the IRS or has th	e IRS
ii tes, v	P Is federal Form 1023/1024 pe		= =
1 Did the e	rganization have any changes to its guidelines Date filed with IRS	manig:	
	ted to the FTB? See instructions		CACA1112L 11/30/16
Part I	Complete Part I unless not required to file this form. See General Instructions B and C.		
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	• 1	75,958.
	2 Gross dues and assessments from members and affiliates		
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received	SCHB. • 3	152,732.
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	<u> </u>	
	This line must be completed. If the result is less than \$50,000, see General Instruc	ction B • 4	228,690.
	5 Cost of goods sold		
	6 Cost or other basis, and sales expenses of assets sold		<u> </u>
	7 Total costs. Add line 5 and line 6		
	8 Total gross income. Subtract line 7 from line 4		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 811 Total payments.	111	
	12 Use tax. See General Instruction K		
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		1
Cili	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		
Filing Fee	15 Filing fee \$10 or \$25. See General Instruction F		;
	16 Penalties and Interest. See General Instruction J.		<u> </u>
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result		0.
<u>C1</u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has		
Sign Here	l little little	any knowledge. ate	Telephone
	Signature ► CLIENT'S COPY PRESIDENT		831-386-9809
	Preparer's	heck if	● PTIN
Paid	signature Kacheune M. Carua 1018/17 e	mployed	P00644077 ● FEIN
Preparer's Use Only	Firm's name (or yours, if		
-	self-employed) 1100 FADRE DRIVE, SUITE 101		20-1939256 • Telephone
	SALINAS, CA 93901		831-759-6300
	May the FTB discuss this return with the preparer shown above? See instructions		• X Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

	1	2	Interest				•	2	┸			
	.	3	Dividends					3				
Receip from	pts	4	Gross rents					4				
Other		5	Gross royalties					5				
Sourc	es	6	Gross amount received from sale	of assets (See instructi	ons)			6				
	1	7	Other income. Attach schedule			SEE SI	ATEMENT 1 .	7		75,958.		
	ı	8	Total gross sales or receipts from other sou					8	\top	75,958.		
	1	9	Contributions, gifts, grants, and similar amo					9	\top	750.		
		10	Disbursements to or for members.					10	\top			
		11	Compensation of officers director	s and trustees Attach	sched	tule S	SEE STMT 3	111		37,812.		
		12		ompensation of officers, directors, and trustees. Attach schedule								
Expenand	ses	13	Interest	13	-	58,807.						
and			Taxes					14	\rightarrow	0.031		
Disbu		14						<u> </u>	—	8,931.		
		15	Rents					15	_	25,019.		
		16	Depreciation and depletion (See in					16		2,911.		
		17	Other Expenses and Disbursemen					17		96,945.		
		18	Total expenses and disbursements. Add line					18		<u>231,175.</u>		
Sche	dule	L	Balance Sheet	Beginning of t	axab	le year	End	of ta	xabl	e year		
Asset	s			(a)		(b)	(c)			(d)		
1 (Cash					88, <u>564.</u>			•	<u>84,187.</u>		
2	Net acco	ounts	receivable			<u>87,382.</u>			•	73,815.		
3	Net note	s rece	eivable						•			
									•			
5	ederal	and st	tate government obligations						•			
6 1	nvestme	ents ir	n other bonds						•			
7	nvestme	ents ir	n stock						•			
8 1	Mortgag	e Ioan	s	<u> </u>					•			
9 (Other in	vestm	ents. Attach schedule						•			
10 a l	Deprecia	able as	ssets	19,736.			38,7	39.				
b l	_ess acc	cumula	ated depreciation	10,618.		9,118.	13,5	29.		25,210.		
11 l	_and								•			
			Attach schedule			383.			•	303.		
						185,447.				183,515.		
			et worth			•	-					
			able			3,957.			•	3,670.		
			gifts, or grants payable						•	· · ·		
			tes payable						•			
			yable	. —					•			
			s. Attach schedule STM 6		_	6,106.		****		6,946.		
			or principal fund			175,384.	 		•	172,899.		
	•		oital surplus. Attach reconciliation	· •		1/3/301.	 		•			
			ings or income fund						•			
			es and net worth			185,447.				183,515.		
Sche				ooks with income per	returi							
		••••	Do not complete this schedule if t				is less than \$50,000					
1 1	Net inco	me pe	er books	-2,485.	•		n books this year not incl					
			e tax	_,	1		ch schedule		•			
			corded on books this year.]	against book incon	ne this year.					
			le						•			
5 (Expense	s reco	orded on books this year not deducted		9		nd line 8					
			Attach schedule		10	Net income pe						
_6	Total. Ad	dd line	e 1 through line 5	-2,485.		Subtract line 9	from line 6			-2,485.		

Side 2 Form 199 C1 2016

059

3652164

CACA1112L 11/30/16

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

Department of the Treasury Internal Revenue Service

Name of the organization

CALIFORNIA COPY

Schedule of Contributors

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

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

OMB No. 1545-0047

2016

Employer identification number

ion							
•							
e instructions.							
more (in money or ibutions.							
egulations that ount on (i)							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
ontributor, re than eligious, e							

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA 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) (2016)

1 of

2 of Part I

Name of org	anization	Employe	Employer identification number					
SOL TI	REASURES, INC.	26-1	26-1764855					
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(2)	(h)	(6)	(4)					

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARDEN FOUNDATION PO BOX 779 SALINAS, CA 93902	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COMMUNITY FOUNDATION FOR MTY CTY 2354 GARDEN ROAD MONTEREY, CA 93940	\$66,787.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NANCY BUCK RANSOM FOUNDATION PO BOX 749 MONTEREY, CA 93942	\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ART'S COUNCIL OF MONTEREY COUNTY PO BOX 7495 CARMEL, CA 93921	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHEVRON 9525 CAMINO MEDIA, ROOM A2046 BAKERSFIELD, CA 93311	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RITA AND LUIS ECHENIQUE FNDN 420 DELA VINA AVENUE #8 MONTEREY, CA 93942	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	2 of	2 of Part I
Name of org	anization	Employe	r identification nu	ımber
SOL TH	REASURES, INC.	26-1	764855	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of o	(d) contribution
7	GORDON & VICKI ROSENBERG		Person	X

Number	Name, address, and ZIP + 4	contributions	Type of contribution
7	GORDON & VICKI ROSENBERG PO BOX 137	\$9,000.	Person X Payroll Noncash (Complete Part II for
	SAN_ARDO,_CA_93450	-	noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization
SOL TREASURES, INC.

Employer identification number

26-1764855

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		ş	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from	(b)		(d) Date received
from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	Date received
		\$	
(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
	<u></u>	\$	
BAA	Sche	dule B (Form 990, 990-E2	Z, or 990-PF) (2016)

Page

1 to

of Part III

Name of organization SOL TREASURES, INC.

Employer identification number 26-1764855

Part III					
	or (10) that total more than \$1,000 for the	he year from any one contributor. Cor	nplete columns (a) through (e) and		
	the following line entry. For organizations of contributions of \$1,000 or less for the year.	ompleting Part III, enter the total of <i>exclu</i> (Enter this information once. See instruc	<i>usively</i> religious, charitable, etc., etions.)		
	Use duplicate copies of Part III if additional	space is needed.	ΨΙΜΑ		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
-					
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee		
	45	(2)	(4)		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
	<u></u>		-+		
		(e) Transfer of gift			
	Tueneferente nome eddres		Relationship of transferor to transferee		
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	 				
-	 				
		(e) Transfer of gift			
	Transferee's name, addres	i ranster of gift s. and ZIP + 4	Relationship of transferor to transferee		
	Transfere 5 manner, address				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	, ,				
					
	 				
		(e)			
		(e) Transfer of gift	Dalakian akin adalam adam atau kananda a		
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee		
					
	 				
	L				

2016 Corporation Depreciation and Amortization

3885

	th to Form 100 or For	rm 100W. FOR	M 199				Louis			
Corpoi	ration name									on number
SOI	TREASURES,	INC.					30	59 <u>22</u>	9	
Parl	t Election To Ex	xpense Certain Pro	perty Under IRC S	ection 179						
1	Maximum deduction								_	\$25,000
2	Total cost of IRC Se									
3	Threshold cost of IR								<u> </u>	\$200,000
4	Reduction in limitation								<u> </u>	
5_	Dollar limitation for	taxable year. Subtr	act line 4 from line					. 5		
6	(a)	Description of property		(b) Cost (busine	ss use only)	(c) El	ected cost	_		
								_		
								_]		
7	Listed property (elec	ted IRC Section 17	⁷⁹ cost)		7					
8	Total elected cost of		•			line 7		. 8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.		· · · · · · · · · · · · · · · · · · ·			. 9		
10	Carryover of disallov	wed deduction from	prior taxable year	S				. 10		
11	Business income lin	nitation. Enter the s	smaller of business	income (not les	s than zero)	or line 5		. 11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not en	ter more tha	n line 11		. 12		
13	Carryover of disallov	wed deduction to 20	017. Add line 9 and	l line 10, less lin	e 12	13				
Parl	Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deducti	on Under R&1	C Section:	24356			
14	(a)	(b)	(c)	(d)	(e)	(f)		(g)		(h)
	Description	Date acquired	Cost or other basis	Depreciation allowed or	Depreciation	n Life o rate	r Depre	ciation s year	for	Additional first year
	of property	(mm/dd/yyyy)	other basis	allowable in	method	rate	""	s year		depreciation
				earlier years						
DIS	PLAY CASES	1/01/2008	1,881.	1,88	L. 200DB		7			
FOU	NTAIN	2/02/2010	1,112.	96:	2. 200DB		7	99.		
KII	'n	10/31/2011	1,631.	1,09	2. 200DB		7	145.		
8 W	TIRELESS MIC	4/25/2013	6,996.	3,93	7. 200DB		7	87	74.	
CLA	SSROOM CABIN	8/08/2013	1,100.	618	3. 200DB		7	13	37.	
15	Add the amounts in	column (a) and co	lumn (h) The total	of column (h) m	av not excee	ed be				
	\$2,000. See instruct						5	2,93	11.	
Parl	III Summary			_						
16	Total: If the corporat	tion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column	(g) or	15 column	ns (a) and ((h) or		
	Depreciation (if no e								16	
17	Total depreciation of								17	
18	Depreciation adjustr	nent. If line 17 is g	reater than line 16,	enter the differen	ence here an	d on Form	100 or	Γ		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16, o	enter the differen	nce here and	on Form 1	100 or			
	state adjustments or	n Form 100 or Form	n 100W, no adiustr	nent is necessar	v.)	Het Incom			18	
Parl					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		ortization	R&TC	Perio	od or		Amortization
	of property	(mm/dd/yyyy	v) other bas		or allowable rlier years	section (see inst		ntage		for this year
				11100	yours	1,555 1113			t	
		- 				+			1	
				- 		+			†	
						+			1	
		-				+	+		\vdash	
20	Total Add the email	into in column (a)		ı				. 20	1	
	Total. Add the amou	ισ,						—	\vdash	_
21	Total amortization c	•	,	•				- 21	}—	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20,	, enter the different	ence here an	d on Form	100 or			
	Form 100W, Side 1,	line 12		the unierer			· · · · · · · · · · · · · · · · · · ·	. 22		
	,					<u>-</u> _			•	

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2016

Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORI	M 199						
Corpo	ration name						Califor	nia corporat	ion number
	TREASURES, 1						305	9229	
<u>Part</u>			perty Under IRC S					- 1	
1	Maximum deduction							1	\$25,000
_	Total cost of IRC Se							3	<u> </u>
3	Threshold cost of IR		-					4	\$200,000
4 5	Reduction in limitation for t							5	
- 6		Description of property	act line 4 from line	(b) Cost (business		(c) Elected			
	(4)	bescription of property		(b) oust (business	doc omy/	(0) 2/00/0	3 000t		
			-						
			-						
						-			
7	Listed property (elec	ted IRC Section 17	79 cost)		7				
	Total elected cost of					ne 7		8	
	Tentative deduction.							9	
10	Carryover of disallov	ved deduction from	prior taxable year	·s				10	
11	Business income lim	nitation. Enter the s	smaller of business	income (not less	than zero) o	r line 5		11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but do not ente	r more than	line 11		12	
	Carryover of disallov								
Part	II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TC	Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g	j)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		Additional first year
	5. p. 5p 5. sy	(allowable in				•	depreciation
		0/11/0010	0.000	earlier years	00000	<u> </u>		225	
	RP MX2610N C		2,682.		200DB	7		335.	
	VIRELESS MICS		4,334.	619.	200DB	7	-	1,061.	
	C COMPUTER	7/30/2016	1,300.		200DB _	5		260.	
LAN	DSCAPING CIP	12/31/2016	17,703.		1	0			
15	Add the amounts in \$2,000. See instruct							_	
Part	t III Summary								
16	Total: If the corporat			l line 15 eelume (e				}	
	IRC Section 179 exp Additional first year	dense, add the amo depreciation under	R&TC Section 243	356, add the amour	nts on line 1	5, columns ((g) and (h	or or	
	Depreciation (if no e	election is made), e	enter the amount fr	om line 15, column	n (g)			16	
	Total depreciation cl							17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the differen	ce here and	on Form 10	0 or	i	
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to	determine n	iet income b	efore		
	state adjustments or	n Form 100 or Form	n 100 <u>W, no adjustr</u>	ment is necessary.)) <u>.</u>	<u></u>		18	
Part				<u> </u>		1 /_\			
19	(a) Description	(b) Date acquire	d (c)	or Amori	(d) tization	(e) R&TC	(f) Period	or	(g) Amortization
	of property	(mm/dd/yyy)		sis allowed o	r allowable	section	percent	age	for this year
				ın earlı	er years	(see instr)		- ‡	
			 	_		-			
								- -	
	T-1-1 A 3 3 4	1-1						20	
20	Total. Add the amou	107						20	
21	Total amortization cl		•					41	
22	Amortization adjustr Form 100W, Side 1,	nent. It line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	, enter the differen	ice here and e here and o	on Form 10 on Form 100	or or		
	Form 100W, Side 2,							22	

2016	CALIFORNIA STATEMENTS	PAGE 1
CLIENT 46306	SOL TREASURES, INC.	26-1764855
10/05/17 STATEMENT 1 FORM 199, PART II, LIN OTHER INCOME	E 7	09:24AN
INCOME FROM SPECIA PROGRAM SERVICE RE	L EVENTS \$ VENUE TOTAL \$	5,265. 70,693. 5,75,958.
STATEMENT 2 FORM 199, PART II, LIN CONTRIBUTIONS, GIFT	E 9 S, GRANTS, AND SIMILAR AMOUNTS PAID	
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S STREET ADDI DONEE'S CITY, STATI RELATIONSHIP OF DOI AMOUNT GIVEN:	ANTHONY ANDRADE RESS: 519 BROADWAY E, ZIP: KING CITY CA 93930	\$ 250.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S STREET ADDI DONEE'S CITY, STATI RELATIONSHIP OF DOI AMOUNT GIVEN:	OLIVIA FITZGERALD RESS: 519 BROADWAY E, ZIP: KING CITY CA 93930	250.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S STREET ADDI DONEE'S CITY, STATI RELATIONSHIP OF DOI AMOUNT GIVEN:	SCHOLARSHIPS VICTORIA MERCADO RESS: 519 BROADWAY E, ZIP: KING CITY CA 93930 NEE: NONE	250.
	TOTAL	\$ 750.
STATEMENT 3 FORM 199, PART II, LIN COMPENSATION OF OF	E 11 FICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	
CURRENT OFFICERS: NAME AND A	TITLE AND TOTAL CONTRI- AVERAGE HOURS COMPEN- BUTION T DDRESS PER WEEK DEVOTED SATION EBP & DO	O ACCOUNT/
JANENE NORUM 519 BROADWAY KING CITY, CA 93930	VICE PRESIDENT \$ 0.\$	0. \$ 0.
BETSY OLTMANN 519 BROADWAY KING CITY, CA 93930	20.00	0.

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CALIFORNIA STATEMENTS

PAGE 2

CLIENT 46306

SOL TREASURES, INC.

26-1764855

10/05/17

09:24AM

STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTE	TOTAL COMPEN-	CONTRI- BUTION TO	EXPENSE ACCOUNT/
BARBARA PEKEMA 519 BROADWAY KING CITY, CA 93930	DIRECTOR 2.00		\$ 0.	
BRANDI BORZINI 519 BROADWAY KING CITY, CA 93930	TREASURER 4.00	0.	0.	0.
SONIA CHAPA 519 BROADWAY KING CITY, CA 93930	PRESIDENT 4.00	0.	0.	0.
RENATA FUNKE 519 BROADWAY KING CITY, CA 93930	DIRECTOR 2.00	0.	0.	0.
ANNA TIMOSHENKO CHILDERS 519 BROADWAY KING CITY, CA 93930	DIRECTOR 2.00	0.	0.	0.
CHIP KOSTY 519 BROADWAY KING CITY, CA 93930	DIRECTOR 2.00	0.	0.	0.
PAULA MARTINEZ 519 BROADWAY KING CITY, CA 93930	DIRECTOR 2.00	0.	0.	0.
KASEY TERTULIEN 519 BROADWAY KING CITY, CA 93930	DIRECTOR 2.00	0.	0.	0.
SARA MONCRIEF CONATSER 519 BROADWAY KING CITY, CA 93930	SECRETARY 4.00	0.	0.	0.
THERESA TOOHEY 519 BROADWAY KING CITY, CA 93930	TREASURER 4.00	0.	0.	0.
JOHN MUNSEE 519 BROADWAY KING CITY, CA 93930	DIRECTOR 2.00	0.	0.	0.
VERENICE AMEZCUA 519 BROADWAY KING CITY, CA 93930	DIRECTOR 2.00	0.	0.	0.

2016	CALIFORNIA STATEMENTS				PAGE 3		
CLIENT 46306	SOL TREASURES, IN	IC.				26-1764855	
10/05/17						09:24AN	
STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, I	DIRECTORS, TRUSTEES AND K	EY E	MPLOYEES				
CURRENT OFFICERS: NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTE		TOTAL COMPEN- SATION	BUTI	NTRI- ION TO & DC	EXPENSE ACCOUNT/ OTHER	
BECKY GARCIA 519 BROADWAY KING CITY, CA 93930	DIRECTOR 2.00	\$	0	. \$	0.	\$ 0	
DUANE WOLGAMOTT 519 BROADWAY KING CITY, CA 93930	DIRECTOR 2.00		0		0.	0	
	TOTA	AL §	37,812	\$	0.	\$ 0.	
STATEMENT 4 FORM 199, PART II, LINE 17							
OTHER EXPENSES							
ACCOUNTING FEESADVERTISING AND PROMOTION.						2,200. 366. 9,966.	

ACCOUNTING FEES. ADVERTISING AND PROMOTION	\$ 2,200. 366.
ART AND BOOKS.	9,966.
CLASSROOM SUPPLIES	4,484.
CONFERENCES, CONVENTIONS, AND MEETINGS	121.
INSURANCE OFFICE EXPENSES	4,450. 3,940.
OTHER FEES	50,503.
POSTAGE AND SHIPPING	496.
PRINTING AND PUBLICATIONS	2,412.
PROPERTY & OTHER TAXES	175. 6.673.
THEATER PERFORMANCES	9,798.
TRAVEL	 1,361.
TOTAL	\$ 96,945.

STATEMENT 5 FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSE	AND	DEFERRED	CHARGES	303.
			TOTAL	\$ 303.

STATEMENT 6	
FORM 199, SCHEDULE L, LINE 18	3
OTHER LIABILITIES	

ACCRUED EXPENSES	3,222.
DEFERRED REVENUE	1,250.
PAYROLL TAXES	1,928.

2016 **CALIFORNIA STATEMENTS** PAGE 4 **CLIENT 46306 SOL TREASURES, INC.** 26-1764855 10/05/17 STATEMENT 6 (CONTINUED) FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES 6,946.

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2016 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 46306

SOL TREASURES, INC.

26-1764855

5/17									-					09:24
NO. DESCRIPTION	DATE ACQUIRED .	DATE COST/ SOLD BASIS	BUS. PCTE	CUR 179 BONUS _	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT _	DEPR. BASIS	PRIOR DEPR.	METHOD J	LIFE .	RATE .	CURREN DEPR.
DRM 199														
FURNITURE AND FIXTURES														
1 DISPLAY CASES	1/01/08	1,881							1,881	1,881	200DB HY	7		
2 FOUNTAIN	2/02/10	1,112	!						1,112	962	200DB HY	7	.08930	
3 KILN	10/31/11	1,631							1,631	1,092	200DB HY	7	.08920	
4 8 WIRELESS MIC RECEIVERS	4/25/13	6,996	;						6,996	3,937	200DB HY	7	.12490	
5 CLASSROOM CABINETS	8/08/13	1,100	1						1,100	618	200DB HY	7	.12490	
6 SHARP MX2610N COPIER	9/11/13	2,682	!						2,682	1,509	200DB HY	7	.12490	
7 4 WIRELESS MICS	4/21/15	4,334							4,334	619	200DB HY	7	.24490	1,
8 IMAC COMPUTER	7/30/16	1,300							1,300		200DB HY	5	.20000	
TOTAL FURNITURE AND FIXTURE		21,036	i	0	0	0	0	0	21,036	10,618				2
IMPROVEMENTS														
9 LANDSCAPING CIP	12/31/16	17,703	_						17,703					
TOTAL IMPROVEMENTS		17,703	}	0	0	O	0	0	17,703	0				
TOTAL DEPRECIATION		38,739	- <u>-</u>	0	0	0	0	0	38,739	10,618				2
GRAND TOTAL DEPRECIATION		38,739)	0	0	ſ	ı 0	. 0	38,739	10,618				2

IN MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number 1050	1901	Check if:	adduana			
State Sharity Registration Number 1030	Change of Amended					
SOL TREASURES, INC.						
Name of Organization			Ca	Ourselinstian No. 2050000		
519 BROADWAY Address (Number and Street)			Corporate or	Organization No. 3059229		
KING CITY, CA 93930			Federal Employ	yer I. D. No . 26-1764855		
City or Town	State ZIP C		l Codo Boas	sections 301-307, 311 and 312)		
	Check Payable to Att					
Gross Annual Revenue F	Revenue	Fee	Gross Annual Revenue	F	ee	
Less than \$25,000	0 Between \$100,	,001 and \$250,000	\$50	Between \$1,000,001 and \$10 millio		150
Between \$25,000 and \$100,000	Between \$250,	.001 and \$1 millio	on \$75	Between \$10,000,001 and \$50 milli Greater than \$50 million		3225 300
PART A ACTIVITIES				Greater than \$50 million		300
For your most recent full accounting	period (beginning	1/01/16	ending	12/31/16) list:		
-	222,017.			183,515.		
			<u> </u>			
PART B — STATEMENTS REGAR						
Note: If you answer 'yes' to any of the 'yes' response. Please review R				providing an explanation and detail		
1 During this reporting period, were the	ere any contracts, loa	ns, leases or oth	er financial trar	nsactions between the	Yes	No
organization and any officer, director or director or trustee had any financial i	trustee thereof either onterest?	directly or with an e	entity in which a	ny such officer,		X
2 During this reporting period, was there a property or funds?	any theft, embezzlemer	nt, diversion or mis	suse of the organ	nization's charitable		X
During this reporting period, did non-	program expenditure	s exceed 50% of	gross revenue	s?		X
4 During this reporting period, were any o Form 4720 with the Internal Revenue	rganization funds used Service, attach a co	I to pay any penalt py.	y, fine or judgme	ent? If you filed a		X
5 During this reporting period, were the purposes used? If 'yes,' provide an attac provider.	e services of a comm chment listing the nam	ercial fundraiser le, address, and te	or fundraising of lephone number	counsel for charitable of the service		X
6 During this reporting period, did the orgathe the name of the agency, mailing add				e an attachment listing		X
7 During this reporting period, did the organizating the number of raffles and t	anization hold a raffle t	for charitable purpo		ovide an attachment		X
Does the organization conduct a vehicle the program is operated by the charit charitable purposes.	donation program? If ty or whether the org	'yes,' provide an a anization contrac	ttachment indicats with a comm	ating whether ercial fundraiser for		X
9 Did your organization have prepared principles for this reporting period?	an audited financial	statement in acco	ordance with ge	nerally accepted accounting		X
Organization's area code and telephone n	umber <u>831-386-</u>	9809				
Organization's e-mail address						
I declare under penalty of perjury that I ha		port, including a	ccompanying o	documents, and to the best of my kn	owled	ge
and belief, it is true, correct and complete	. .					
	SONIA CHAPA		PRESIDENT			
Signature of authorized officer	Printed Name	·	Title	Date		

Form 990

Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-0047

Open to Public Inspection

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.

2016, and ending For the 2016 calendar year, or tax year beginning D Employer identification number Check if applicable: Address change SOL TREASURES, INC. 26-1764855 519 BROADWAY Telephone number Name change KING CITY, CA 93930 Initial return 831-386-9809 Final return/terminated G Gross receipts \$ 228,690. Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No Application pending BETSY OLTMANN H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) No SAME AS C ABOVE 4947(a)(1) or 527 Tax-exempt status X 501(c)(3)) ◀ (insert no.) 501(c) Website: ► H(c) Group exemption number ▶ M State of legal domicile: CA X Corporation Other ▶ L Year of formation: 2007 Form of organization: Trust Association Part I Summarv Briefly describe the organization's mission or most significant activities: Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ► Number of voting members of the governing body (Part VI, line 1a)..... Activities & Number of independent voting members of the governing body (Part VI, line 1b)..... 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a)..... 5 6 6 .05 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, line 34..... **Current Year Prior Year** Contributions and grants (Part VIII, line 1h)..... 152,732. 190,293 Revenue Program service revenue (Part VIII, line 2g)..... 61,304 70,693. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... -608 -1,40811 222,017. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 250,989 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 750. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 79,619 105,550. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) 118,202. 114,788 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 194,407 224,502. Revenue less expenses. Subtract line 18 from line 12..... 56,582 -2,485 **End of Year** b **Beginning of Current Year** Total assets (Part X. line 16)..... 185,447 183,515 21 Total liabilities (Part X, line 26)..... 10,063 10,616. 22 Net assets or fund balances. Subtract line 21 from line 20..... 175,384 172.899 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officed is based on all information of which preparer has any knowledge. Date Sign Here PRESIDENT SONIA CHAPA Type or print name and title Date Print/Type preparer's name Preparer's signature 10/5/17 self-employed KATHERINE M. GARCIA, CPA P00644077 Paid Xadha **Preparer** HAYASHI | WAYLAND, ACCOUNTING & CONSULTING Use Only Firm's EIN 20-1939256 Firm's address 1188 PADRE DRIVE, SUITE 101 SALINAS, CA 93901 Phone no. 831-759-6300 May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes No

Form 990 (2016) SOL TREASURES, INC.

Part IV | Checklist of Required Schedules

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

Form 990 (2016) SOL TREASURES, INC.

[Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a 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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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	25a		Х
b	s 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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	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):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> 'Yes,' <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part l	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf '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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

		<u>6-1764855 </u>	P	age :
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · · · · · ·		ـــــــــــــــــــــــــــــــــــــــ
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	23		l
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		1
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	6		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule Q</i>	3b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account	a)? 4a		Х
	b If 'Yes,' enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	·		
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		1 1	Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.			Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ solicit any contributions that were not tax deductible as charitable contributions?	nization		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
_	not tax deductible?	<u>6b</u>		
/	Organizations that may receive deductible contributions under section 170(c).			l
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?			Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	e 		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	? <u>7e</u>		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	e a 7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsorin	g		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.]	
	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			1
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			ł
11	Section 501(c)(12) organizations. Enter:			i
	a Gross income from members or shareholders			l
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a	$oxed{oxed}$	
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

Form 990 (2016) SOL TREASURES, INC. 26-1764855 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 1 a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Δ Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders?..... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?..... 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Х 8a 8 b X **b** Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts?.... 12 b 120 Х 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15 a 15 b Х **b** Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website Upon request Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

SEE SCHEDIILE O SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

DEBRA COBB 519 BROADWAY

KING CITY CA 93930 831-386-9809

Part VII | 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

- 1 a 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. (C) Position (do not check more (A) (B) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Name and Title Average hours Estimated amount of other director/trustee) per compensation employee Former from the Individual Key employee institutional lighest compensated week (list any organization and related hours fo organizations organiza tions trustee l trustee below dotted line) (1) JANENE NORUM 4 ō 0 VICE PRESIDENT Х X 0. 0. (2) BARBARA PEKEMA 2 0 X 0. 0 0. DIRECTOR (3) BRANDI BORZINI 4 X X 0. 0 0. 0 TREASURER (4) SONIA CHAPA 4 X 0. X 0 0 0. PRESIDENT 2 (5) RENATA FUNKE DIRECTOR 0 Х 0. 0 0. (6) ANNA TIMOSHENKO CHILDERS 2 Х 0. 0. 0. DIRECTOR 0 (7) CHIP KOSTY 2 0 X 0. 0 0. DIRECTOR (8) PAULA MARTINEZ 2 X 0 0. 0. DIRECTOR 0 (9) KASEY TERTULIEN 2 0 0. 0 DIRECTOR Х 0. (10) SARA MONCRIEF CONATSER 4 ō X SECRETARY X 0. 0 0. (11) THERESA TOOHEY 4 X X 0 0. TREASURER 0 0. 2 (12) JOHN MUNSEE 0 X DIRECTOR 0. 0 0. 2 (13) VERENICE AMEZCUA 0 DIRECTOR X 0. 0 0. 2 BECKY GARCIA DIRECTOR 0 X 0. 0. 0.

(A)	(B) Average	(do	not (Po:	C) sition	e than	one	(D)	(E)		(F)
Name and title	hours per week (list any hours for related organiza - tions below dotted line)		cer a	nd a	direct	is or/true Highest compensated employee	tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amoi com fr org an	stimated into of other pensation om the anization of related anizations
(15) DUANE WOLGAMOTT DIRECTOR	$-\frac{2}{0}$	Х						0.	0.		0.
(16) BETSY OLTMANN EXECUTIVE DIR.	$-\frac{20}{0}$			х				37,812.	0.		0.
(17)								,			
(18)											
<u>(19)</u>					-					_	
(20)						_			_		-
(21)											
(22)									_		
(23)				_						_	
(24)											
(25)											_
1 b Sub-total							•	37,812.	0.		0.
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)							▶	0. 37,812.	0.		0.
2 Total number of individuals (including but not limited from the organization ► 0							ved			ensation	
											Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	ctor, or tru ch individu	stee, ıal	, key	en	ıplo:	yee,	or h	nighest compensat	ted employee	3	Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	f reportab er than \$1	le co 50,0	mpe 00?	ensa If '\	ition Yes,	and con	oth <i>ple</i>	er compensation te Schedule J for	from	. 4	x
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie compen	satio	n fr	om	any	unre	late	d organization or	individual	. 5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest comper compensation from the organization. Report comper	nsated indensation for	epen the c	den alen	t co dar	ntra year	ctors endi	tha ng v	it received more tl vith or within the or	nan \$100,000 of ganization's tax year		
(A) Name and business add	iress				_			(B) Description o	of services	(Compe	C) nsation
								_			
								_			
2 Total number of independent contractors (including		ited to	o tha	se l	isted	abo	ve)	who received more	than		
\$100,000 of compensation from the organization		TEFAC	1001	110	16/16				}	Form	990 (2016)

		Check if Schedule O contains a resp	onse or note to any	line in this Part V			<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b M c F d F e G f A s	Tederated campaigns 1 a Membership dues 1 b Fundraising events 1 c Related organizations 1 d Government grants (contributions) 1 e All other contributions, gifts, grants, and similar amounts not included above 1 f Noncash contributions included in lines 1a-1f: \$	152,732.				
	h 7	Total. Add lines 1a-1f	Business Code	152,732.			
nu.	22 (CIACCEC AND ETEIDEDIDE	711130	53,362.	53,362.		-
3eV	_		711130	17,331.	17,331.		
cel	c -	WIT WAS DOOK SALES	711130	17,551.	17,331.		
Program Service Revenue	d						
grar	f Ā	All other program service revenue					
Pro		Fotal. Add lines 2a-2f		70,693.	-	 	
	3 . 1	nvestment income (including dividends	s, interest and				
		other similar amounts)	L				
		ncome from investment of tax-exempt					
	5 F	Royalties	(ii) Personal				*
	6a (Gross rents	(,, , , , , , , , , , , , , , , , , , ,	i			
		_ess: rental expenses	1				
	c R	Rental income or (loss)		-			·
	d١	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·				
		Gross amount from sales of assets other than inventory	(ii) Other				
	c (Less: cost or other basis and sales expenses					·
		Net gain or (loss)					
Other Revenue	(Gross income from fundraising events (not including. \$) of contributions reported on line 1c).					
Œ		See Part IV, line 18					
the		_ess: direct expensesl Net income or (loss) from fundraising e		1 400			
0		Gross income from gaming activities. See Part IV, line 19		-1,408.	,	_	
		_ess: direct expenses					
		Net income or (loss) from gaming activ					
	10a (Gross sales of inventory, less returns and allowances					-
		_ess: cost of goods sold					
		Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				_
	11 a						
	b _					_	
	C	All other revenue					
		All other revenue	-				<u>'</u>
		Total revenue. See instructions	L	222.017	70.693		0

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22...... 750 750 Grants and other assistance to foreign 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..... 37,812 9,453 7,562 20,797. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 6,276 58,807 52,531 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits..... 10 Payroll taxes..... 2,233 8,931 5,537 1,161 11 Fees for services (non-employees): a Management..... **b** Legal...... c Accounting...... 2,200 2,200 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees..... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5CH. 50,503 48,898 1,605 Advertising and promotion 366. 366. Office expenses..... 2,703 13 3,940. 1,237. Information technology..... Royalties..... Occupancy..... 25,019 21,360. 3,659 17 Travel 1,361 1,361 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 121 121 **20** Interest..... Payments to affiliates..... 22 Depreciation, depletion, and amortization . . . 2,911 1,455 1,456. 469 4,450 3,865. 116. 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.) 9,966 9,966 a ART AND BOOKS b THEATER PERFORMANCES 9,798 9,798 c CLASSROOM SUPPLIES 4,484 4,484 d PRINTING AND PUBLICATIONS 2,412 1,688 724 671 140 315 216. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e . . . 224,502 171,529 29,611 23,362. 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).

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	88,564.	1	84,187.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	87,382.	3	73,815.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₽ ₽	9	Prepaid expenses and deferred charges	383.	9	303.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation	9,118.	10 c	25,210.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11	-	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	185,447.	16	183,515.
	17	Accounts payable and accrued expenses	3,957.	17	3,670.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
9	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	-
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	6,106.	25	6,946.
	26	Total liabilities. Add lines 17 through 25	10,063.	26	10,616.
ß		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
8		lines 27 through 29, and lines 33 and 34.	100 054		50 co.
<u>a</u>	27	Unrestricted net assets.	108,954.	27	53,634.
Ba	28	Temporarily restricted net assets	66,430.	28	119,265.
힏	29	Permanently restricted net assets.		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
8	31	Paid·in or capital surplus, or land, building, or equipment fund		31	
ğ	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>ş</u>	33	Total net assets or fund balances	175,384.	33	<u>172,899.</u>
	34	Total liabilities and net assets/fund balances	<u>185,447.</u>	34	183,515.
BA	4				Form 990 (2016)

Par	1 XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	22,0	017.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	24,5	502.
3	Revenue less expenses. Subtract line 2 from line 1	3		-2,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	75,3	384.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1	72,8	399.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separal basis, consolidated basis, or both:	te			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	a 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?		За		х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audion or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

BAA Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SOL	TI	REASURES, INC.		·			26-176485	5
Part	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						tions.	
The or	ga	nization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)	
1		A church, convention of church	es, or association of ch	nurches described in sec t	tion 170(b)(1)(A)(i).	
2		A school described in section 1	1 70(b)(1)(A)(ii). (Attach:	Schedule E (Form 990 o	990-EZ).)		
3		A hospital or a cooperative h	ospital service organi	ization described in sec	ction 17)(b)(1)(A	\)(iii).	
4	\neg	A medical research organiza	tion operated in conju	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
	_	name, city, and state:		_				
5		An organization operated for section 170(b)(1)(A)(iv). (Co		ge or university owned	or oper	ated by	a governmental unit de	escribed in
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	70(b) (1)	(A)(v).	
7		An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general put	olic described
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part l	1.)			
9		An agricultural research organior university or a non-land-granuniversity:						
10	X	An organization that normally r from activities related to its e investment income and unre June 30, 1975. See section !	exempt functions—sub lated business taxable	pject to certain exception in the community of the commun	ons. and	(2) no i	more than 33-1/3% of i	ts support from gross
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).	
12	_]	An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) d	or sectio	n 509(a)(2). See section 509(a	ut the purposes of one (3). Check the box in
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the directo	ported or rs or trus	rganizat tees of t	ion(s), typically by giving he supporting organization	the supported on. You must
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You
С		Type III functionally integrated organization(s) (see instructi	. A supporting organizat	ion operated in connectionlete Part IV, Sections	n with, ar A, D, an	nd functiond E .	onally integrated with, its	supported
d		Type III non-functionally integrated. The constructions). You must com	rated. A supporting orgorganization generally	anization operated in cor must satisfy a distribute A and D, and Part V.	nection tion req	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see
e		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from	the IRS			
f	Εn	ter the number of supported						,
g	Pro	ovide the following information	n about the supported	d organization(s).				
(i)	Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	ion listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Vac	No		
					Yes	NO		
/A\								
(A)				-	-			
(B)								
(C)								
		-						
(D)								-
(E)								
Total								

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

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

Celematry year (or fiscal year beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) - (a) 2016 (f)	Sec	tion A. Public Support						
include any unusual grants). 2 Tax revenues levied for the organization's benefit and either paid to or expended either paid to or expended either paid to or expended either paid to or expended either paid to or expended either paid to or expended either paid to or expended either paid to or expended either paid to or expended either paid to or expended either paid to or expended either paid to organization whoold charge. 4 Total, Add lines I through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported line 1 organization). Most of an amount shown on line 11, column (0). 6 Public support. Subtract line 5 from line 4. Section B. Total Support Callendar year (or fiscal year beginning in) P 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities bans, rens, similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of gain and lines 7 through 10. 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, whether or not the business is regularly carried on. 13 First five years, if the Form 990 is for the organization of divided by line 11, column (0). 14 Public support percentage for 2016 (line 6, column (0) divided by line 11, column (0). 15 Public support percentage from 2015 Schedule A, Part II, line 14. 16 33-1/3% support test—2016. If the organization did not check he box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, fa, 16b, or 17a, and line 15 is 10% or organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 13 Instrumental contents the facts-and-circumstances test. The organization qualifies as a publicly		nning in) 🖹	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
organization's benefit and either pard to or expended on its behalf. The value of services or facilities furnished by a group of the companization without charge. 4 Total, Add lines 1 through 3. The portion without charge. 4 Total, Add lines 1 through 3. The portion of total companization included on line 1 that exceeds 2% of the amount shown on line 11, oblumn (b). 6 Public support. Subtract line 5 from line 4. Calendar year for fiscal year beginning in) - 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business is required to the companization of the companization of the companization of the companization of the companization of the companization of the companization of the companization of the companization of the companization of the companization of the companization of the companization of the check above on line 13, 6a, or 16b, and line 14 is 33-1/3% or more, and if the organization meets the facts and-circumstances lest, check this box and stop here. Explain in Part II now for more, and if the organization meets the facts and-circumstances lest, check this box and stop here. Explain in Part II now for more, and if the organization meets the facts and-circumstances lest, check this box and stop here. Explain in Part II now for more, and if the organization meets the facts and-circumstances lest, check this box and stop here. Explain in Part II now for organization meets the facts and-circumstances lest, check this box and stop here. Explain in Part II now for organization meets the facts and-circumstances lest, check this box and stop here. Explain in Part II now for organization meets the facts and-circumstances lest, check this box and stop here. Explain in Part II now for organization meets the facts and-circumstances lest, check this box and stop here. Explain in Part II now for organization meets the facts and-circumstances lest, check this box and stop here. Explain in Part II now for organiza	1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
facilities furnished by a governmental unit to the governmental unit to the governmental unit to the governmental unit to the governmental unit to public support and in the governmental unit or public support and in the governmental unit or public support and in the governmental unit or public support and in the governmental unit or public support and in the governmental unit or public support and in the governmental unit or public support and in the governmental unit or public support and in the governmental unit or public support and in the governmental unit or public support and in the governmental unit or g	2	organization's benefit and either paid to or expended						
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. 8 Gross income from interest, dividends, payments received on securities loans, rents, organization dividends, payments received on securities loans, rents, organization subtracts and securities of the securities o	3	facilities furnished by a governmental unit to the						
contributions by each person (other than a governmental unit or publicly supported originarization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support, Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) >	4	Total. Add lines 1 through 3						
Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) 2016 (e) 2016 (e) 2016 (f) 2016 (e) 2016 (f) 2016 (e) 2016 (f) 2016	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount				·		
Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support, Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)). 15 Public support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 16 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported 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, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	6	Public support. Subtract line 5 from line 4						
beginning in) F 7 Amounts from line 4	Sec	tion B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth lax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2015 Schedule A, Part III, line 14. 16 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization 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, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, the this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, the this box and stop here. Explain	Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)). Public support percentage from 2015 Schedule A, Part II, line 14. 15	13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ 🔲
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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		or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part \edgesededededededededededededededededede	/I how the ►
	18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	, or 17b, check thi	s box and see inst	ructions ►

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
'	Gifts, grants, contributions, and membership fees						
	received. (Do not include any 'unusual grants.')	55,431.	174,744.	116,290.	190,293.	152,732.	689,490.
2	Gross receipts from admissions,	33, 431.	1/3,/33.	110,230.	100,200.	132, 132.	
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	49,571.	54,205.	66,838.	61,304.	70,693.	302,611.
3	Gross receipts from activities	10,071.	34,203.	00,030.	01,304.	707050.	002/011.
	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
_	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	105,002.	228,949.	183,128.	251,597.	223,425.	992,101.
	Amounts included on lines 1,	105,002.	220, 349.	103,120.	251,551.		992,101.
	2, and 3 received from disqualified persons		_	0.	0	0.	0
h	Amounts included on lines 2	0.	0.	<u> </u>	0.	· · · · · · · · · · · · · · · · · · ·	0.
_	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	0.	0.	0.	<u>0.</u> 0.	0.	0.
8	Public support. (Subtract line	0.	0.		<u> </u>	0.	0.
	7c from line 6.)		·				992,101.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	105,002.	228,949.	183,128.	251,597.	223,425.	992,101.
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from						_
b	similar sources			_	_		0.
_	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is	0.510	2 222	1 500			7.026
12	regularly carried on	2,518.	3,880.	1,538.			7,936.
-	gain or loss from the sale of						
	capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	107,520.	232,829.	184,666.	251,597.	223,425.	1,000,037.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) \square
Sec	tion C. Computation of Pul						
15	Public support percentage for 20			e 13, column (f)).			99.21 %
16	Public support percentage from 3	2015 Schedule A,	Part III, line 15			16	98.14 %
Sec	tion D. Computation of Inv	estment Incon	ne Percentage		·		
17	Investment income percentage for			-	* * * *	├	0.00 %
18	Investment income percentage f						0.00 %
19a	33-1/3% support tests—2016. If t is not more than 33-1/3%, check						
b	33-1/3% support tests-2015. If t	he organization di	id not check a box	on line 14 or lin	e 19a, and line 16	is more than 33.	1/3%, and
	line 18 is not more than 33-1/3%	, check this box a	ind stop here. The	e organization qua	alifies as a public	ly supported organ	nization ▶ 🔝
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	4, 19a, or 19b, cl	heck this box and	see instructions.	▶∐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

No Yes 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 1 the designation. If historic and continuing relationship, explain. 2 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). 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. За **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 3b 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. **3c** 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 5Ŏ1(c)(3) and 5Ō9(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) purposes. 4c 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 5*a* 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 5b organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5с Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 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 or 990-EZ). 8 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. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) 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. **9**c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below. 10a 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.)

10b

Par	TIV Supporting Organizations (continued)		
11	Has the organization accepted a gift or contribution from any of the following persons?	Yes	No
	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?		
1	b A family member of a person described in (a) above?	+-	_
	C 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.	+	_
	tion B. Type I Supporting Organizations	<u> </u>	
		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 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.		
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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		_
Sec	tion C. Type II Supporting Organizations		,
		Yes	No
1	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).	- -	İ
Sec	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 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 significant voice in the organization's investment policies and in directing the use of the organization's 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.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
	The organization satisfied the Activities Test. Complete line 2 below.		
	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)).
2	Activities Test. Answer (a) and (b) below.	Yes	No
i	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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
1	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		_
3	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 trustees of each of the supported organizations? <i>Provide details in Part VI</i> .		<u> </u>
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.		

Sche	Edule A (Form 990 or 990-EZ) 2016 SOL TREASURES, INC.		26-17	64855	Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	anizat	ions ·		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir t complete Sections A	Part VI). See through E.	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current ' (optiona	
1	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			
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 (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):				
•	Average monthly value of securities	1a			
ı	Average monthly cash balances	1b			
•	Fair market value of other non-exempt-use assets	1c			
•	Total (add lines 1a, 1b, and 1c)	1d			
(Discount claimed for blockage or other factors (explain in detail in Part VI):				<u>_</u> .
2	Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>	
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			
Sec	tion C — Distributable Amount			Current Ye	ear —
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	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		<u> </u>	
5	Income tay imposed in prior year	5		1	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 SOL TREASURES, INC.		2 <u>6-17</u>	64855 Page A
Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pu	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S, .	
3 Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4 Amounts paid to acquire exempt-use assets		<u> </u>	
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	details	
9 Distributable amount for 2016 from Section C, line 6	·	_	
10 Line 8 amount divided by Line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			.1,
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			

BAA

e Excess from 2016

d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2016

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SOL TREASURES, INC.		26-1764855
Organization type (check one):		· · · · · · · · · · · · · · · · · · ·
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter numbe	er) organization
	4947(a)(1) nonexempt charit	able trust not treated as a private foundation
	527 political organization	, , , , , , , , , , , , , , , , , , ,
5 000 D5		A.C.
Form 990-PF	501(c)(3) exempt private fou	
	4947(a)(1) nonexempt charit	able trust treated as a private foundation
	501(c)(3) taxable private four	ndation .
Check if your organization is covered by t	he General Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or	(10) organization can check boxes for both	n the General Rule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form 99 property) from any one contributo	0, 990-EZ, or 990-PF that received, during r. Complete Parts I and II. See instructions	the year, contributions totaling \$5,000 or more (in money or for determining a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b) received from any one contributor	(1)(A)(vi), that checked Schedule A (Form 990)	that met the 33-1/3% support test of the regulations or 990-EZ), Part II, line 13, 16a, or 16b, and that greater of (1) \$5,000 or (2) 2% of the amount on (i) i II.
during the year, total contributions	section 501(c)(7), (8), or (10) filing Form 99 s of more than \$1,000 <i>exclusively</i> for religic cruelty to children or animals. Complete P	0 or 990-EZ that received from any one contributor, bus, charitable, scientific, literary, or educational arts I, II, and III.
during the year, contributions exc \$1,000. If this box is checked, ent charitable, etc., purpose. Don't co	lusively for religious, charitable, etc., purpo	
Caution. An organization that isn't co 990-PF), but it must answer 'No' on F	vered by the General Rule and/or the Speci	ial Rules doesn't file Schedule B (Form 990, 990-EZ, or box on line H of its Form 990-EZ or on its Form 990-PF,

TEEA0701L 08/09/16

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

Page

2 of Part I

SOL TREASURES, INC.

Employer identification number 26-1764855

Part	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARDEN FOUNDATION		Person X
——		\$12,000.	Payroll
	SALINAS, CA 93902		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COMMUNITY FOUNDATION FOR MTY CTY		Person X
	2354 GARDEN ROAD	\$66,787.	Payroll Noncash
	MONTEREY, CA 93940		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NANCY BUCK RANSOM FOUNDATION		Person X
	PO_BOX_749	\$7,000.	Payroll Noncash
	MONTEREY, CA 93942		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ART'S COUNCIL OF MONTEREY COUNTY		Person X
	PO BOX 7495	\$5,000.	Payroll Noncash
	CARMEL, CA 93921		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHEVRON		Person X
	9525 CAMINO MEDIA, ROOM A2046	\$10,000.	Payroll Noncash
	BAKERSFIELD, CA 93311		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RITA AND LUIS ECHENIQUE FNDN		Person X
	420 DELA VINA AVENUE #8	\$18,000.	Payroll Noncash
	MONTEREY, CA 93942	•	(Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	2 01 2 01 Part
Name of org	REASURES, INC.	' '	er identification number 764855
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GORDON & VICKI ROSENBERG PO BOX 137 SAN ARDO, CA 93450	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)

Page

1 to 1 of Part II
Employer identification number

SOL TREASURES, INC.

26-1764855

PartI	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		 \$	
(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. 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	· · · · · · · · · · · · · · · · · · ·	dule B (Form 990, 990-E	7. or 990-PF) <i>(2</i> 016

of Part III

Name of organization Employer identification number SOL TREASURES, 26-1764855 INC Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)...... Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (d) Description of how gift is held (a) No. from (c) Use of gift Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (a) No. from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on 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.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

itaine	or are organization				Linpioyer		· · · · · · · · · · · · · · · · · · ·	•
	SOL TREASURES, INC.				26-17	64855		
Par	t Organizations Maintaining Dono	r Advised Funds or Ot	her Similar Fund	s or Ac		04033		
	Complete if the organization answ							
		(a) Donor advised	d funds	(b) f	unds and	other acc	ounts	
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that th organization's exclusive lega	e assets held in dono	or advised	I funds	Yes		No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in wri of the donor or donor adviso	ting that grant funds or, or for any other po	can be us urpose co	sed only nferring	Yes		No
Par	Conservation Easements. Complete if the organization answers	wered 'Yes' on Form 99	0. Part IV. line 7					
1	Purpose(s) of conservation easements held by			-		_		
	Preservation of land for public use (e.g., r	•	Preservation of a	a historica	ally importa	ant land ar	ea	
	Protection of natural habitat	,	Preservation of a	a certified	historic st	ructure		
	Preservation of open space							
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation co	ntribution in the form o	of a conse	rvation eas	ement on t	he	
				-	Heid at the	End of the	ne Tax	(Year
	Total number of conservation easements			-				
t	Total acreage restricted by conservation easer	ments		-				
(: Number of conservation easements on a certif	fied historic structure include	d in (a)	2 c		_		
C	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06,	and not on a historic	2 d				
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished	l, or terminated by the	organizati	on during t	he		
4	Number of states where property subject to conse	rvation easement is located >						
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitori	ing, inspection, hand	ling of vio	lations,	Yes		No
6	Staff and volunteer hours devoted to monitoring, i					uring the y	ear	'
7	Amount of expenses incurred in monitoring, insper ►\$	cting, handling of violations, a	nd enforcing conservat	ion easem	ents during	the year		
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the	requirements of secti	on 170(h)	(4)(B)(i)	Yes		No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its to the organization's financia	revenue and expense I statements that des	statement cribes the	, and balar e organiza	nce sheet, a	and ountin	g for
Par	till Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historica	Treasures, or C	ther Sir	nilar As	sets.		
			<u> </u>					ا ما
1 2	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	ld for public exhibition, educati	ion, or research in furth					KS OT
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education,	or research in furthera	nce of pub	lic service,	e sheet we provide th	orks o e	of art,
	(i) Revenue included on Form 990, Part VIII,							
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to the	ese items:					
	Revenue included on Form 990, Part VIII, line							
t	Assets included in Form 990, Part X				▶\$	3		

Part III Organizations Maintaining Co	lections of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continuea)
3 Using the organization's acquisition, accession items (check all that apply):	, and other records, check a	any of the following that are	e a significant use of its	collection
a Public exhibition	d Loan	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's colle Part XIII.	ections and explain how the	y further the organization's	exempt purpose in	
5 During the year, did the organization solicit to be sold to raise funds rather than to be r				Yes No
Part IV Escrow and Custodial Arrange line 9, or reported an amount of	ements. Complete if on Form 990, Part X,	the organization ans line 21.	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custon on Form 990, Part X?	dian or other intermediary	for contributions or othe	r assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XII				
				Amount
c Beginning balance			1c	
d Additions during the year			1d	
e Distributions during the year			1 e	
f Ending balance			1f	
2 a Did the organization include an amount on	Form 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No
b If 'Yes,' explain the arrangement in Part XII	I. Check here if the expla	nation has been provided	d on Part XIII	<u> </u>
	_			
Part V Endowment Funds. Complete	if the organization ar	nswered 'Yes' on Fo	rm 990, Part IV, <u>lir</u>	ne 10.
(a) Curr	ent year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the cu	rrent year end balance (lin	ne 1g, column (a)) held a	is:	
a Board designated or quasi endowment ►	%			
b Permanent endowment ►	%			
c Temporarily restricted endowment ▶	* *			
The percentages on lines 2a, 2b, and 2c should	d equal 100%.			
3 a Are there endowment funds not in the possessi organization by:	on of the organization that	are held and administered	for the	Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' on line 3a(ii), are the related organize	zations listed as required	on Schedule R?		. 3b
4 Describe in Part XIII the intended uses of the	ne organization's endowm	ent funds.		
Part VI Land, Buildings, and Equipme	nt.			
Complete if the organization as		m 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	 	, ,	·	
b Buildings				
c Leasehold improvements		17,703.		17,703.
d Equipment				
e Other		21,036.	13,529.	7,507.
Total. Add lines 1a through 1e. (Column (d) must				25,210.
DAA				ule D (Form 990) 2016

Complete if the organization answered		ĭ		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-of-year market value	?
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
A)				
(B)				
(C)				
(D)				
(E)		-		
(F)				
<u>``</u>				
<u></u>				
(I)				
				• .
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related.		N/A		•
Complete if the organization answered	'Yes' on Form 99	0. Part IV. line 11	c. See Form 990. Part X. I	ine 13
(a) Description of investment	(b) Book value		ation: Cost or end-of-year market	
(1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			· · · · · · · · · · · · · · · · · · ·	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N / 7	184. ₂		\$ e
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A			ine 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	N/A 'Yes' on Form 99			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	'Yes' on Form 99		d. See Form 990, Part X, I	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 99		d. See Form 990, Part X, I	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 99		d. See Form 990, Part X, I	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 99		d. See Form 990, Part X, I	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' on Form 99		d. See Form 990, Part X, I	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 99		d. See Form 990, Part X, I	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 99		d. See Form 990, Part X, I	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 99		d. See Form 990, Part X, I	
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Reconciliation of Revenue per Audited Financial Statement		eturn. N/A
Complete if the organization answered 'Yes' on Form 990, P		·
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		į
a Net unrealized gains (losses) on investments		ļ
b Donated services and use of facilities		
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d	,	2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	46	
	4 D	
c Add lines 4a and 4b		4 c
		4 c 5

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Schedule **D** (Form 990) 2016

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOL TREASURES, INC.

Employer identification number

26-1764855

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

SOL TREASURES PROVIDES RURAL RESIDENTS AN EASILY ACCESSIBLE LOCATION IN WHICH TO ENJOY AND EXHIBIT FEATURED WORKS OF LOCAL ARTISTS. CLASSES ARE AVAILABLE TO THE GENERAL PUBLIC AS WELL AS TO SCHOOL CHILDREN.

IN ADDITION TO PAINTINGS, DRAWINGS AND PHOTOGRAPHS, LOCAL RESIDENTS ALSO PRESENT FINISHED WORKS IN QUILTING, BASKET WEAVING, POETRY, AND GLASS BLOWING AND OTHER TYPES OF ARTS CARRIED DOWN THROUGH THE GENERATIONS. SOL TREASURES PRIMARY GOAL IS TO BRING THE CULTURE OF ART TO COMMUNITIES AND CHILDREN WHO WOULD NOT OTHERWISE HAVE THIS OPPORTUNITY.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SOL TREASURES PROVIDES RURAL RESIDENTS AN EASILY ACCESSIBLE LOCATION IN WHICH TO ENJOY AND EXHIBIT FEATURED WORKS OF LOCAL ARTISTS. CLASSES ARE AVAILABLE TO THE GENERAL PUBLIC AS WELL AS TO SCHOOL CHILDREN.

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

OFFICERS AND BOARD OF DIRECTORS REVIEW AND CONFIRM FORM 990

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE ORGANIZATION REGULARLY MONITORS FOR POTENTIAL CONFLICTS OF INTEREST AND REQUIRES THAT AN

Name of the organization

SOL TREASURES, INC.

Employer identification number
26-1764855

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
	TOTAL	SERVICES	<u>& GENERAL</u>	<u>RAISING</u>
CONTRACT SERVICES	5,01		1,605.	
INSTRUCTOR FEES	45,48	5. 45,485.		
	TOTAL $\frac{$}{5}$ 50,50	3. \$ 48,898.	\$ 1,605.	\$ 0.