

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning** , 2008, and ending ,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Children's Shelter of Hope Foundation</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>505 N Tomahawk Is Dr</b> City or town, state or country, and ZIP + 4 <b>Portland OR 97217</b>	<b>D</b> Employer identification number <b>33-1045256</b>
		<b>E</b> Telephone number <b>(503) 285-4007</b>
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>		<p><b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</p>
<p><b>I Website:</b> ▶ <u>childrens-shelter-of-hope-foundation.org</u></p>		
<p><b>J Organization type</b> (check only one) — <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.</p>		
<p><b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>119,556.</b></p>		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
REVENUE	1 Contributions, gifts, grants, and similar amounts received	118,670.
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	
	4 Investment income	886.
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ▶ _____)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	119,556.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	126,788.
	11 Benefits paid to or for members	
	12 Salaries, other compensation, and employee benefits	
	13 Professional fees and other payments to independent contractors	
	14 Occupancy, rent, utilities, and maintenance	
	15 Printing, publications, postage, and shipping	3,716.
	16 Other expenses (describe ▶ See Other Expenses Statement)	792.
	17 Total expenses (add lines 10 through 16)	131,296.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-11,740.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	82,785.
	20 Other changes in net assets or fund balances (attach explanation)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	71,045.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.		
(See the instructions for Part II.)		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	82,785.	71,046.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ Rounding)	0.	-1.
25 Total assets	82,785.	71,045.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,785.	71,045.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.**

Form **990-EZ** (2008)





**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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 .....	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....	<b>47</b>	X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	<b>49a</b>	X
<b>b</b> If 'Yes,' was the related organization(s) a section 527 organization? .....	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 .....				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000 .....		

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's Identifying Number (See instructions) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 **WILLIAM J. WELCH, P.C.**  
**505 N. TOMAHAWK ISLAND DRIVE**  
**PORTLAND OR 97217** EIN \_\_\_\_\_ Phone no. **(503) 285-4007**

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . . .	34,844.	69,894.	107,766.	138,798.	118,670.	469,972.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .						
4 <b>Total.</b> Add lines 1-3 . . . . .	34,844.	69,894.	107,766.	138,798.	118,670.	469,972.
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) . . . . .						176,807.
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						293,165.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 . . . . .	34,844.	69,894.	107,766.	138,798.	118,670.	469,972.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1.	129.	230.	1,497.	886.	2,743.
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 IV.) . . . . .		-267.				-267.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						472,448.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	

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**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	62.05%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f . . . . .	15	64.04%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .

b **33-1/3 support test – 2007.** 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 qualifies as a publicly supported organization. . . . .

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and 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, 990-EZ and 990-PF**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

Name of the organization

Children's Shelter of Hope Foundation

Employer identification number

33-1045256

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule –**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

Children's Shelter of Hope Foundation

33-1045256

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Altschul Foundation Four Times Square New York NY 10036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	G & G Darehshori Foundation 2402 Palm Ridge Rd Sanibel FL 33957	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Gubelmann Family Foundation One N Clematis St Ste 320 West Palm Beach FL 33401	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Meacham Foundation 2131 David Way Del Mar CA 92014	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Terresa Ryssemus 11650 Upland Drive Cupertino CA 95014	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Thomas & Stacey Siebel Foundation 270 University Ave Palo Alto CA 94301	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Additional Information**

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**Part III Line 28 Statement**

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Refugio Infantil Santa Esperanza is a children's shelter located in Puerto Vallarta, Mexico. It usually has between around 50 children under the age of 15 in residence. During the year the foundation provided grants to fund building improvements, worker salaries, school tuition, and other operating expenses. The foundation also provided clothing and school supplies to the children.

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**Additional Information**

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**Part III Line 29 Statement**

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Pasitos de Luz is a daycare facility for severely disabled children located in Puerto Vallarta, Mexico. The facility allows the children's parents to work rather than staying home to care for the children. During the year the foundation provided grants for salaries and food for two meals a day. About 75 children participate, with an average of 25 children resident each day.

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**Additional Information**

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**Part III Purpose Statement**

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To support the needs of children and families living in the Bay of Banderas (Puerto Vallarta, Mexico) area through direct cash grants and donations of needed equipment or items.

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<b>Filing fees</b>	<u>133.</u>
<b>Office Expenses:Other</b>	<u>339.</u>
<b>Web site</b>	<u>320.</u>
<b>Total</b>	<u><u>792.</u></u>

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**

Purpose of Payment ..... General Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>Needy Children</b>	Business..... <input checked="" type="checkbox"/> Person ..... <input type="checkbox"/> <b>Refugio Infantil Santa Esperanza</b> <b>Puerto Vallarta JAL, Mexico</b>	<b>None</b>	<b>94,226.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ..... General Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>Children's Health</b>	Business..... <input type="checkbox"/> Person ..... <input type="checkbox"/> <b>Pasitos de Luz</b> <b>Puerto Vallarta, JAL, Mexico</b>	<b>None</b>	<b>25,734.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid**

Purpose of Payment ..... General Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Indigent Assistance</u>	Business ..... <input type="checkbox"/> Person ..... <input type="checkbox"/> <u>Padre Church of El Refugio</u> <u>Puerto Vallarta, JAL, Mexico</u>	<u>None</u>	<u>2,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ..... General Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Childens Health</u>	Business ..... <input type="checkbox"/> Person ..... <input type="checkbox"/> <u>Davalos Medical</u> <u>Puerto Vallarta, JAL, Mexico</u>	<u>none</u>	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ..... General Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Indigent medical</u>	Business ..... <input type="checkbox"/> Person ..... <input type="checkbox"/> <u>Children's Dental Project</u> <u>La Cruz, Punta Mita, NAY, Mexico</u>	<u>none</u>	<u>308.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid**

Purpose of Payment ..... Educational Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Indigent Family</u>	Business ..... <input type="checkbox"/> Person ..... <input type="checkbox"/>	<u>none</u>	<u>520.</u>
	<u>Individual</u> <u>Puerto Vallarta, JAL, Mexico</u>		

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ..... General Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Education</u>	Business ..... <input type="checkbox"/> Person ..... <input type="checkbox"/>		<u>1,000.</u>
	<u>Benito Juarez School</u> <u>Puerto Vallarta, JAL, Mexico</u>		

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Supporting Statement of:**

Form 990-EZ/Other Program Service Exp

Description	Amount
Padre Church de Refugio	2,000.
Davalos Medical	3,098.
Benito Juarez School	1,000.
Individual	520.
Children's Dental Project	308.
Total	<u>6,926.</u>