efile	e GF	RAPHI	C print - DO NOT PROCE	SS	As Filed Data	-				DLN	: 93	493063007390
Form	a c	2 D	Return of	Org	anization	Exempt	From	n Incor	ne Tax	C	C	DMB No 1545-0047
Form [®]	33		Under section 501(c), 52	-		-					s)	2019
_			► Do not ente	er soci	al security numbe	ers on this form	n as it m	ay be made	e public			
Depart Treasu	n.		► Go to <u>www.</u>		Open to Public Inspection							
		enue Servi e 2019	calendar year, or tax year	beain	nina 01-01-201	9 , and endi	ina 12-3	1-2019				
		applicable	C Name of organization		·····g	- ,			D Em	ployer ıc	lentıfı	ication number
□ Ad □ Na		change	EL SAUZAL FOUNDATION INC									
		-	Doing business as									
		rn/terminat d return	Number and street (or P O b	ox if ma	al is not delivered to	street address)	Room/su	ute	E Tele	phone nu	ımber	
		ion pendi	2410 EACT 72ND STREET			,			(25	3) 686-	5750	
			City or town, state or provinc TACOMA, WA 98404	e, coun	try, and ZIP or forei	gn postal code						
			F Name and address of pr	incipa	lofficer				G Gro this a grou	ss receipt		34,322
			CLAY M WARREN	meipu					tnis a grou ibordinates		TOP	🗌 Yes 🗹 No
								H(b) Ar	e all suboro cluded?			Yes No
I Ta:	k-exe	mpt statı	IS 🗹 501(c)(3) 🗌 501(c)() ◀(ınsert no) 🗌 4	947(a)(1) or 🛛	527	1		h a list	(see	instructions)
J W	ebsi	te:► V	WWW ELSAUZAL ORG					H(c) _{GI}	roup exemp	tion nur	nber	▶
V [on 🗹 Corporation 🗆 Trust 🗌	1				L Year of f	ormation	M	State (of legal domicile
N Forr		organizati	on 🗠 Corporation 🗀 Trust 🗀	J ASSO	clation 🗀 Other 🕨							-
Pa	art I		mmary									
<i>a</i> 1			lescribe the organization's mis TE THE GOSPEL OF JESUS CHR				RPHANA	GES IN ME	XICO			
nç.												
eme												
Governance	2 Check this box \blacktriangleright if the organization discontinued its operations or disposed of more than 25% of its net assets 3. Number of voting members of the governing body (Batt)(Line 1a)									:s 3	0	
ত >ত		 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 									3 4	8
ues			umber of individuals employed				-				5	0
Activities &			umber of volunteers (estimate								6	
AC	7a	⊤otal u	nrelated business revenue fror	n Part	VIII, column (C),	line 12			•		7a	0
	Ь	Net un	related business taxable incom	e fron	n Form 990-T, line	e 39					7b	
		Canturb	where and surply (Dart)/III for						Prior Yea			Current Year
ēnu			outions and grants (Part VIII, lir m service revenue (Part VIII, lir				•			211,797		134,296
enneven		-	ment income (Part VIII, column)				3		26
α	11	Other r	evenue (Part VIII, column (A),	lines !	5, 6d, 8c, 9c, 10c	, and 11e)						0
			evenue—add lines 8 through 1				· · ·		2	211,800		134,322
			and similar amounts paid (Par									0
			s paid to or for members (Part									0
ses			s, other compensation, employ sional fundraising fees (Part IX,									0
Expenses			ndraising expenses (Part IX, colum				•					
Ă			expenses (Part IX, column (A),		· · · · · · · · · · · · · · · · · · ·				1	.64,097		147,742
	18	⊤otal e	xpenses Add lines 13–17 (mu	st equ	al Part IX, column	(A), line 25)			1	.64,097		147,742
	19	Revenu	le less expenses Subtract line	18 fro	om line 12					47,703		-13,420
Net Assets or Fund Balances								Beginn	ning of Curre	ent Year		End of Year
sset Bala	20	⊤otal a	ssets (Part X, line 16)						1	.34,377		120,957
and I	21	⊤otal lı	abilities (Part X, line 26)	•								0
			sets or fund balances Subtract	line 2	1 from line 20 .		•		1	.34,377		120,957
	rt II : pen		nature Block [•] perjury, I declare that I have	exami	ned this return. II	ncluding accon	npanving	schedules	and staten	nents. ar	nd to	the best of my
know	edge	e and be	lief, it is true, correct, and con									
any k	nowl	euge Ik										
		*** Sign	*** ature of officer						2020-01-30 Date			
Sign Here												
	•		Y M WARREN PRESIDENT e or print name and title									
			Print/Type preparer's name		Preparer's signatu	ire		Date	Check 🔽	PTIN		
Paic							2	2020-01-30	self-employe	ed	26505	1
Pre			Firm's name 🕨 SACKETT FINAN	CIAL G	ROUP				Firm's EIN 🖡	33-094	5321	
Use	Or	ıly	Fırm's address ▶ 915 W IMPERIAL	. HWY S	STE 160				Phone no (1	714) 671-	9330	

Use Only	Fırm's address ► 915 W IMPERIAL HWY STE 160										4) 67
	BREA, CA 92821										
May the IRS discuss this return with the preparer shown above? (see instructions)											
For Paperwork Reduction Act Notice, see the separate instructions. Cat No									282	Y	

Yes No Form **990** (2019)

Form	n 990 (2019)				Page 2
Pa	art III Stateme	ent of Program Service Ac	complishments		
	Check If S	chedule O contains a response o	r note to any line in this Part III 🔒 🔒		🗹
1	Briefly describe th	he organization's mission			
PRO	MOTE THE GOSPEL	OF JESUS CHRIST AND PROVIDE	ASSISTANCE TO ORPHANAGES IN ME	XICO	
		f			
2	-		gram services during the year which w	ere not listed on	🗌 Yes 🗹 No
		90 or 990-EZ?			🗆 Yes 💌 No
-	,	these new services on Schedule			
3	-	-	gnificant changes in how it conducts, a	ny program	🗆 Yes 🗹 No
		these changes on Schedule O			
4		-	unlighter and for angle of the three larges		und hu averages
-	Section 501(c)(3)) and 501(c)(4) organizations are venue, if any, for each program	nplishments for each of its three larges e required to report the amount of gran service reported	t program services, as measi ts and allocations to others, f	he total
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Addıtıonal Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code) (Expenses \$	147,742 including grants of \$) (Revenue \$)
			ASSISTANCE TO ORPHANAGES IN MEXICO		,
			·····		
4d	Other program se	ervices (Describe in Schedule O)			
	(Expenses \$			Revenue \$)
4e	Total program s	service expenses 🕨	147,742		
					Earm 000 (2010)

Pa	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)? <i>If "Yes," complete Schedule A</i> 😏	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒	2	Yes				
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		No			
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		No			
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		No			
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? <i>If "Yes," complete Schedule D</i> ,Part I	6		No			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No			
8	3 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III						
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No			
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						
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No			
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>	11b		No			
	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>	11c		No			
	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	11d		No			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No			
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	11f		No			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No			
Ь	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	12b		No			
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No			
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		No			
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		No			
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		No			
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 [,] <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No			
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		No			
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		No			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No			
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		No			
		F	orm 99	0 (2019)			

Par	t IV Checklist of Required Schedules (continued)									
			Yes	No						
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		No						
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		No						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a</i>	24a		No						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c								
d	f d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?									
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L</i> , Part I	25a		No						
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an 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									
26	26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II									
27	7 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III									
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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV									
b	b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>									
С	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV									
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$.	29		No						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No						
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		No						
33	301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No						
34	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		No						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No						
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \ldots	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		No						
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		No						
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		No						
Pa	t 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	<u> </u>	Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0									
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0									
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c								

Page **4**

Page	5

Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	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						
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No				
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb					
	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)? If "Yes," enter the name of the foreign country	4a	No				
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a	No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No				
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	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	No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	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?	7a	No				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No				
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?	7e	No				
f	7f	No					
g	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 a Form 1098-C?	7h	No				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a					
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots .	9 b					
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
12a	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 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
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						
	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $$.	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	No				
			orm 000 (2019)				

Form 990 (2019)	
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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	,		lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	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 1b 5	3		
2	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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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		No
Ь	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?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	🗌 Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	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			

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►ROGER CHRISTIANSON 430 REITEN DRIVE ASHLAND, OR 97520 (541) 488-0223

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or 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 See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unles ficer	s per: and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) DANIELLE BERGMAN SECRETARY		х		x				0	0	0
(2) ROGER G CHRISTIANSON TREASURER		x		x				0	0	0
(3) RONALD D HILL DIRECTOR		x						0	0	0
(4) ROY V KETRING III DIRECTOR		x						0	0	0
(5) PETE LEGAN DIRECTOR		х						0	0	0
(6) DONALD T MAHONEY DIRECTOR		x						0	0	0
(7) PATRICIA L MEADOWS VICE PRESIDE		x		×				0	0	0
(8) CLAY M WARREN PRESIDENT		х		×				0	0	0
										Form 990 (2019)

Pa	t VII Section A. Officers, Direct	tors, Trustees	s, Key	Emp	loye	es,	and I	High	nest Cor	npensat	ed Employees	(cont	inued)		
	(A) Name and title	(B) Average hours per week (list any hours for related	than c ıs b	one b	ox, u in off tor/ti	t che Inles ficer	eck mo ss pers and a ee)	son	Repo compo fror orgar	D) ortable ensation m the nization /1099-	(E) Reportable compensation from related organizations (W-2/1099-	5	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptoyee	Former		(SC)	(W-2/1099- MISC)		organizati	ed	
с	Sub-Total Fotal from continuation sheets to P Fotal (add lines 1b and 1c)	art VII, Section	Α.				• •								
2	Total number of individuals (including of reportable compensation from the	g but not limited				bove	∍) who	rece	eived mo	re than \$:	100,000				
													Yes	No	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k •	ey eı •	mplo •	oyee, d	or hig •	ghest cor	npensated	l employee on	3		No	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>							4		No						
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									No						
Se	ection B. Independent Contract	tors													
1	Complete this table for your five high from the organization Report compet											mpen	sation		
	Name a	(A) and business addre	255							Des	(B) cription of services		(C Comper		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 990 (2019)									
Part VIII	Statement of Revenue								

Page	9

		Check if Scheo	dule	O contains	a respo	onse or note to any	/ line in this Part VII			<u> ⊔</u>
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campa	uans		1 a	I		revenue		512 - 514
nts nts						<u> </u>				
ran oui					1 b					
s, Grants Amounts		c Fundraising even			1c					
ifts		d Related organiza	tions	5	1d					
ons, Gift Similar		e Government grants	(con	tributions)	1e					
Sir	1	f All other contributio and similar amounts	ns, g	ufts, grants,						
er utio		above			1f	134,296				
tributio Other		g Noncash contributio lines 1a - 1f \$	ins in	icluded in	1.0					
Contributions, Gifts, Grants and Other Similar Amounts					1g					
ت ج		h Total. Add lines :	1a-1	r	•	· · · ·	134,296			
	_					Business Code				
	2a									
nue										
<u>ب</u> ہ رہے	b) 								
ъ Е	с									
140	-									
Š	d	l								
Jran										
Program Service Revenue	е									
_	f	All other program	serv	vice revenue						
	g	Total. Add lines 2	2a-2	f	. ►	L I				I
	3	Investment income						26 26	5	
		similar amounts) . Income from invest		• • •						
							·			
	-	,		(I) Re		(II) Personal	1			
	_						1			
		Gross rents	6a				4			
	b	Less rental expenses	6Ь							
	с	Rental income					1			
		or (loss) I Net rental income	6c				4			
	-	- Net rental meome		(1) Secur		· · · · ► (II) Other				
	7a	7a Gross amount from sales of assets other		(1) 5000			-			
		than inventory					_			
	b	Less cost or other basıs and	7b							
		sales expenses					4			
	с	Gaın or (loss)	7c							
	c	Net gain or (loss)	•			· · · •				
e	8a	Gross income from fu (not including \$	Indra	ısıng events of						
nus		contributions reported		line 1c)						
eve		See Part IV, line 18	•	• • •	8a					
гB		Less direct expen			8b					
Other Revenue	C	: Net income or (los	s) fr	om fundrais	sing ev	ents 🕨	_			
	9a	Gioss income from								
		See Part IV, line 19	·	• •	9a		_			
		Less direct expen			9b					
	C	: Net income or (los	s) fr	om gaming	activit	iles 🕨				<u> </u>
	10	aGross sales of inve	ento	ry, less						
		returns and allowa			10a					
	ť	Less cost of good	s so	ld	10b					
	c	Net income or (los			invent		1			
	11	Miscellaneo .a	us R	evenue		Business Code	-			
	Ł						+			
	C									
										<u> </u>
	C	-								
		All other revenue								
		Total. Add lines 1		11d -	-	▶		+	+	+
								-		<u> </u>
	12	Total revenue. S	ee Ir	structions	• •	· · · •	134,32	22 26	5	

Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	All other organizatio	ons must complete co	lumn (A)
	Check if Schedule O contains a response or note to ai	ny line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
I	Legal				
Ċ	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
1	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	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)				
	a ORPHANAGE OP EXPENSE	147,074	147,074		
	b BANK CHARGES	668	668		
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	147,742	147,742	0	0
26	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 I if following SOP 98-2 (ASC 958-720)				1

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		70,898	1	118,158
	2	Savings and temporary cash investments	63,479	2	2,799	
	3	Pledges and grants receivable, net	· · · [3	
	4	Accounts receivable, net	[4	
	5	Loans and other payables to any current or form key employee, creator or founder, substantial co entity or family member of any of these persons	ontributor, or 35% controlled		5	
	6	Loans and other receivables from other disqualit section $4958(f)(1)$, and persons described in section			6	
s	7	Notes and loans receivable, net	[7	
ssets	8	Inventories for sale or use	[8	
A SS	9	Prepaid expenses and deferred charges			9	
~	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	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 equ	134,377	16	120,957	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue	[19	
	20	Tax-exempt bond liabilities	[20	
S	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, or 35% controlled entity		22	
Li	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	l thırd parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25 .	. [0	26	0
ces		Organizations that follow FASB ASC 958, ch	neck here 🕨 🗹 and			
alan	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions	[134,377	27	120,957
8	28	Net assets with donor restrictions	[28	
Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current funds	· · · · · [29	
ets	30	Paid-in or capital surplus, or land, building or eq	upment fund		30	
SS	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	
Net Assets	32	Total net assets or fund balances	[134,377	32	120,957
ž	33	Total liabilities and net assets/fund balances .	[134,377	33	120,957

Form	990 (2019)				Page 12
Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			134,322
2	Total expenses (must equal Part IX, column (A), line 25)	2			147,742
3	Revenue less expenses Subtract line 2 from line 1	3			-13,420
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			134,377
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			120,957
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🗹 Cash 🗌 Accrual 🗍 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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 Sche	dule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	Зb		

Additional Data

Software ID: Software Version: EIN: 20-1522752

Name: EL SAUZAL FOUNDATION INC

Form 990 (2019)

Form 990, Part III, Line 4a:

PROMOTE THE GOSPEL OF JESUS CHRIST AND PROVIDE ASSISTANCE TO ORPHANAGES IN MEXICO

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493063007390
SCI	HED	EDULE A Public Charity Status and Public Support						OMB No 1545-0047	
(For	m 99	m 990 or Complete if the organization is a section 501(c)(3) organization or a se							2019
990H	EZ)				4947(a)(1) nonexe ► Attach to Form 9				
		the Treasury		Go to <u>www.irs</u>				ormation.	Open to Public Inspection
Nam	e of th	ne organiza						Employer identific	
EL SAI	JZAL FO	OUNDATION IN						20-1522752	
	rt I				us (All organization: a it is (For lines 1 thro			See instructions.	
1 1			•		sociation of churches	-		(A)(i).	
2				,	1)(A)(ii). (Attach Sch				
3					vice organization desci				
4					ed in conjunction with			-	nter the hospital's
		name, city,	and state		-				
5		-			t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6			(iv). (Comple state, or local	•	governmental unit de	scribed in sectic	on 170(b)(1)(#	()(v).	
7		An organiza	ation that noi	rmally receives	a substantial part of it	s support from a	governmental u	init or from the gener	al public described in
8				(vi). (Complete ribed in section	e Part II) n 170(b)(1)(A)(vi) ((Complete Part I	T)		
9					escribed in 170(b)(1)		•	with a land-grant col	ege or university or a
10		non-land gi	rant college o	of agriculture S	ee instructions Enter	the name, city, a	nd state of the	college or university	
10	✓	from activit	ies related to	o its exempt fur	(1) more than 331/3% actions—subject to cert	ain exceptions, a	and (2) no more	than 331/3% of its si	upport from gross
					iess taxable income (le omplete Part III)	ess section 511 to	ax) from busine:	sses acquired by the o	organization after June
11		An organiza	ation organiz	ed and operated	d exclusively to test for	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations o	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A s	supporting or	ganization oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
Ь		complete	Part IV, Sec	tions A and B.					
2		manageme	nt of the sup		ation vested in the san				
С					supporting organization ions) You must com				ated with, its
d		Type III n functionally	on-function	ally integrate The organizatio	d. A supporting organi n generally must satisf	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	.,
е		Check this	box if the org	, ganızatıon recei	r t IV, Sections A and ved a written determin	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		• •	non-functionally d organizations	integrated supporting	organization			
g				2	upported organization(s)			
	(i) N	Name of supp organizatior	n organization in your governing document? monetary supp		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No		
				I					
Tati									
Tota								I	<u> </u>

F	art III Support Schedule for (Organizations	Described in S	Sections 170(b)(1)(A)(iv) an	d 170(b)(1)(A	.)(vi)
	(Complete only if you che						qualify	under Part III.
	If the organization failed	to qualify unde	r the tests listed	d below, please	complete Part II	I.)		<u> </u>
	Section A. Public Support Calendar year							
	(or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
2	include any "unusual grant ") Tax revenues levied for the							
-	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly supported organization) included on							
	line 1 that exceeds 2% of the amount							
_	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	Section B. Total Support				1			
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(0)	2019	(f) Total
_	(or fiscal year beginning in) 🕨	(4) 2015	(8) 2010	(0) 2017	(u) 2010	(0)	2019	(1) 10001
7								
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
9								
	activities, whether or not the business is regularly carried on							
10								
	loss from the sale of capital assets							
11	(Explain in Part VI) Total support. Add lines 7 through							
	10							
12	Gross receipts from related activities, e	etc (see instructio	ons)			12		
13	First five years. If the Form 990 is for	r the organization	's first, second, th	urd, fourth, or fifth	n tax year as a sect	tion 501((c)(3) org	anization,
	check this box and stop here						► [
	Section C. Computation of Public							
14	Public support percentage for 2019 (lin	ie 6, column (f) d	vided by line 11, o	column (f))		14		
	Public support percentage for 2018 Sch					15		
	a 33 1/3% support test—2019. If the			on line 13, and lin	ie 14 is 33 1/3% or	more, c	heck this	box
	and stop here. The organization qualif							
	33 1/3% support test-2018. If the				and line 15 is 33 1/	/3% or m	ore, cheo	ck this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization				
17	a 10%-facts-and-circumstances test							
	is 10% or more, and if the organization							
	in Part VI how the organization meets t	the facts-and-cir	cumstances" test	The organization	qualifies as a publi	ciy suppo	orted	▶□
	organization	+ 2018 If the a	rappization did poi	t chack a hav an l	una 12 165 166 a	vr 17	nd luna	
t	10%-facts-and-circumstances tes 15 is 10% or more, and if the organize						na iine	
	Explain in Part VI how the organization			,	•		cly	
	supported organization			-				
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see		
	instructions							
					Schedul		m 990 c	r 990-F7) 2019

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

203,228

203,230

2

(a) 2015

(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.)

(c) 2017

214,974

214,977

3

(d) 2018

211,797

211,800

3

(e) 2019

134,296

134,322

26

(b) 2016

273,539

273,541

2

Section A. Public Support Calendar year

(or fiscal year beginning in) ►

- Gifts, grants, contributions, and 1 membership fees received (Do not include any "unusual grants ")
- 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
- **3** Gross receipts from activities that are not an unrelated trade or business under section 513
- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- The value of services or facilities 5 furnished by a governmental unit to the organization without charge
- 6 Total. Add lines 1 through 5
- 7a Amounts included on lines 1, 2, and 3 received from disgualified persons
- **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
- c Add lines 7a and 7b

9 10a

b

С 11

12

13 14

Public support. (Subtract line 7c 8 from line 6)

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) ⊺otal			
Amounts from line 6	203,230	273,541	214,977	211,800	134,322	1,037,870			
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
Unrelated business taxable income									
(less section 511 taxes) from businesses acquired after June 30, 1975									
Add lines 10a and 10b									
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)									
Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	203,230 r the organization	273,541 's first, second, th	214,977 ard, fourth, or fift		134,322	1,037,870			
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									

Se	ection C. Computation of Public Support Percentage		
15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	100 000 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	100 000 %
Se	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %
19a	331/3% support tests-2019. 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	I	\blacktriangleright
b	33 1/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is m	ore tha	in 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 organi	zation	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructio	ns 🕨 🗖

1,037,834

1,037,870

1,037,870

36

(f) Total

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (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 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported h organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections C 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 Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (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, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a 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 Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Schedule A (Form 990 or 990-EZ) 2019

			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	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?						
b	A family member of a person described in (a) above?	11b					
С	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	11 c					

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- 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

Section C. Type II Supporting Organizations

			105	110
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		

Section 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?	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
	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		

Section 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)
 - a The organization satisfied the Activities Test Complete line 2 below
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
 - c 🔄 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

- a 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 organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
 b 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? *Provide details in Part VI.*
 - **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

Yes

Voc No

Yes

No

1

2

No

Schedule A (Form 990 or 990-EZ) 2019

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2019

1			nust complete Sections A						
	Section A - Adjusted Net Income			Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E					
			(A) Prior Year	(B) Current Year (optional)					
-	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
	Section 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)	1							
ā	Average monthly value of securities	1a							
Ł	Average monthly cash balances	1 b							
c	Fair market value of other non-exempt-use assets	1c							
c	Total (add lines 1a, 1b, and 1c)	1d							
e	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							
	Section 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	Income tax imposed in prior year	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-in instructions)	tegrate	d Type III supporting or						

Schedule A (Form 990 or 990-EZ) 2019			Page 7
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continued	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	l organizations, in	
3 Administrative expenses paid to accomplish exempt pur	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
 5 Qualified set-aside amounts (prior IRS approval require 	۲. ۲.		
6 Other distributions (describe in Part VI) See instructio	ons		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to whe details in Part VI) See instructions	nich the organization is respon	sıve (provide	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017 e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
 a Applied to underdistributions of prior years 			
 b Applied to 2019 distributable amount 			
c Remainder Subtract lines 4a and 4b from 4			
 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016.			
c Excess from 2017			
d Excess from 2018. . . e Excess from 2019. . . .			
		Schedulo A (E	orm 990 or 990-F71 (2019)

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version: EIN: 20-1522752

Name: EL SAUZAL FOUNDATION INC

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Part VISupplemental 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)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -			DLN:	DLN: 93493063007390	
SCHEDULE O	Supplement	al Informatio	on to Form 990 or 99	90-EZ	OMB No 1545-0047
(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.		ns on	2019		
Department of the Treasury	► Go to <u>w</u>	Attach to Forn ww.irs.gov/Form99	n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
Name Betherolganization EL SAUZAL FOUNDATION INC				Employer identi	fication number
LE SAGZAL I CONDATION INC				20-1522752	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	PROMOTE THE GOSPEL OF JESUS CHRIST AND PROVIDE ASSISTANCE TO ORPHANAGES IN MEXICO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC