

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2016

Open to Public Inspection

A			iendar year, or tax year beginning , 2016, and ending			,
1		ck if applicable ress change C Name of organization				identification number
	Name c	hange	SOARING EAGLES TRAINING AND DEVELOPEMENT		26-04	172404
	initial re	etum	Number and street (or P O box, if mail is not delivered to street address) Room/suite	ł	E Telephone	number
	Final retu	m/termanated	5300 MEMORIAL DRIVE 107		(404)	292-0036
	Amende	ed retum	City or town, state or province, country, and ZIP or foreign postal code		F Group E	xemotion
$\bot$	Applicat	tion pending	STONE MOUNTAIN GA 30083			·
G	Accol	unting Meth	nod: X Cash Accrual Other (specify) ► H	Check	► X if the	e organization is not
1			OARINGEAGLES21.ORG	•		Schedule B
J	Tax-ex	empt status	(check only one) — X 501(c)(3) 501(c) ( ) ◄(insert no ) 4947(a)(1) or 527	(Form	990, 990-E	Z, or 990-PF).
K	Form	of organiz	ation: X Corporation Trust Association Other			
L	Add li	nes 5b, 6c	, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	ıf total		
	asset	s (Part II, c	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	· · · ·	<u> ▶</u> \$	14,009.
Pa	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (see t			
			the organization used Schedule O to respond to any question in this Part I			<u> X</u>
	1		ons, gifts, grants, and similar amounts received			14,009.
	2	•	service revenue including government fees and contracts			
	3		nip dues and assessments		———	ļ
	4		nt income		4	
			ount from sale of assets other than inventory			
	b	Less. cos	t or other basis and sales expenses			
	C	•	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	<u></u>
_	6	•	nd fundraising events			
R E V	1		ome from gaming (attach Schedule G if greater than \$15,000) 6 a			
Ě	b		ome from fundraising events (not including \$ of contribution	ns		
Ü		of such gr	raising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000) 6 b			
	C	Less: dire	ct expenses from gaming and fundraising events			
	d		ne or (loss) from gaming and fundraising events (add lines 6a and ibtract line 6c)		6 d	
	7 a	Gross sal	es of inventory, less returns and allowances			
	b	Less: cos	t of goods sold			
	C	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other rev	enue (describe in Schedule O)		8	
	9	Total rev	enue (describe in Schedule O)		7_► 9	14,009.
	10	Grants ar	d similar amounts paid (list in Schedule O)		10	
	11	•	paid to or for members	. : . g	11	
Ę	12	Salanes,	paid to or for members · · · · · · · · · · · · · · · · · · ·	7 🎾	12	L
ê	13	Professio	nal fees and other payments to independent contractors		13	495.
P E N 8 E	14	Occupant	cy, rent, utilities, and maintenance	JT	14	150.
Ë	15	Printing, p	publications, postage, and shipping		15	156.
3	16	Other exp	penses (describe in Schedule O)	ne_16_Other_E	xpenses 16	4,551.
	17	Total exp	enses. Add lines 10 through 16	<u></u>	. ► 17	5,352.
	18	Excess of	r (deficit) for the year (Subtract line 17 from line 9)		18	8,657.
A S S E T S	19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-corted on prior year's return).	of-year	19	-9,987.
ŢŢ S	20		anges in net assets or fund balances (explain in Schedule O) See L-20. St		20	-171.
,	21		s or fund balances at end of year. Combine lines 18 through 20			-1,501.
BA	<u> </u>		rk Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2016)

Nep

Form	990-EZ (2016) SOARING EAGLES	TRAINING AND DEVEL	OPEMENT	26	-047	2404 Page 2
Par	t II Balance Sheets (see the instr Check if the organization used Schedu		in this Dort II			x
	Check if the organization used Schedi	ale O to respond to any question	on in this Part II	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			20	1 1	463.
23	Land and buildings		<u>.</u> [	0	. 23	0.
24	Other assets (describe in Schedule O)		<u> </u>	1,199		734.
25	Total liabilities (describe in Schedule O).			1,219		1,197.
26 27	Net assets or fund balances (line 27 of co			11,206	$\neg$	2,698.
	rt III Statement of Program Service A			-9,987	. [27]	-1,501. Expenses
Pai	Check if the organization used Sche	edule O to respond to any ques	stion in this Part III.		(Page	uired for section 501
What	is the organization's primary exempt purpose? See	Organization's Primary Exem	nt Purnose		(c)(3)	and 501(c)(4)
Desc	onbe the organization's program service accisured by expenses. In a clear and concise nufited, and other relevant information for each	omplishments for each of its the	ree largest program s	ervices, as		nzations; optional ners.)
bene	fited, and other relevant information for each	n program title.			10. 0	
28	WE TRACH LIFE SKILLS; PROVIDE TUTORING FOR READING	AND MATH; TEACH ENTREPRENEURSHIP WO	RKSHOPS; PROVIDE PAID INTER	NSHIPS FOR YOUNG ADULTS		
	THE PROGRAMS ALSO PROVIDE	<u>D_RESOURCES_TO_APE</u>	PROXIMATELY			
	10 FAMILIES DURING 2016. (Grants \$ 0.) If the	s amount includes foreign grai	ote check bore		28a	
29	(Ciano 5 0.) ii dii	a amount includes foreign gran	its, check here		200	5,525.
					1	
	(Grants \$ ) If thi	s amount includes foreign grai	nts, check here		29 a	
30						
					] ]	
	76					
31	(Grants \$ ) If the Other program services (describe in Sched	s amount includes foreign gran			30 a	
31		s amount includes foreign gra			31 a	
32	Total program service expenses (add lin				32	5,525.
Pa	rt IV List of Officers, Directors,				- see th	
	Check if the organization used Sche					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	on (d) Health benefit contributions to empk benefit plans, and def compensation	yee	(e) Estimated amount of other compensation
	ARON RAGIN ECUTIVE DIRECTOR	10.00	,	).	0.	0.
_	NCENT PATRICK	10.00	<del>  - · - · · · · · · · · · · · · · · · · </del>	<del>'                                     </del>		<u></u> .
	AIRMAN	1.00	} _ (	o.}	0.	0.
GL	ORIA DOBARD					
	MBER	1.00		o.	0.	0.
	CHELLE KITCHINGS					
	MBER	0.00	<del> </del>	<del>9. </del>	<u> </u>	
	IGHT_KITCHINGS MBER	0.00	l ,	0.	0.	0
	ACEY MCINTOSH	0.00	<del> </del>	<del>/- </del>		0.
	CRETARY	0.00		o	ο.	0.
	CRETARY	0.00		o.	0.	0.
		0.00	(	0.	0.	0.
		0.00	(	0.	0.	0.
	CRETARY	0.00		0.	0.	0.
		0.00		0.	0.	0.
	CRETARY	0.00		0.	0.	0.
	CRETARY	0.00		0.	0.	0.
	CRETARY	0.00		0.	0.	0.
	CRETARY	0.00		0.	0.	0.
	CRETARY	0.00		0.	0.	0.
	CRETARY	0.00		0.	0.	0.
	CRETARY	0.00		0.	0.	0.
	CRETARY	0.00		0.	0.	0.
	CRETARY	0.00		0.	0.	0.

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			x
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect		$\neg \neg$	
	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	25-		
	(such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35 b		
•	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c	]	х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
1	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	- 1	Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on line 9		1	
	b Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1	1
40	section 4911 ; section 4912 ; section 4955			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40ь		X
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed Figure Georgia			
40	a The exceptionic			
42	ta The organization's books are in care of SHARON RAGIN CPA, LLC Telephone no (404)	525	-403	0
	Located at 5300 MEMORIAL DRIVE STONE MOUNTAIN #107 GA ZIP+4 30083			
		[	Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If 'Yes,' enter the name of the foreign country.	-		
				1
			- 1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		X
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	!	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	<u> </u>		
				X
	of Form 990-EZ	44 a	<b></b> -	
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		x
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b 44 c		
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b 44 c 44 d		X
45	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b 44 c		х
45	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b 44 c 44 d		X

						Yes	No
	the organization engage, directly or indirectly lidates for public office? If 'Yes,' complete So				46		Х
	Section 501(c)(3) organizations					٠	
,	All section 501(c)(3) organization		stions 47-49b and 5	2, and complete the	e tables		
	for lines 50 and 51.	•		•			
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI	<u> </u>			$\Box$
43 Did	the organization engage in lobbying activities	or have a cartian EO1/I	h) alastias in affact dumn	n the tay year? If Vac '		Yes	No
	plete Schedule C, Part II				47		х
48 Is th	e organization a school as described in secti	on 170(b)(1)(A)(ii)? If 'Y	es,' complete Schedule E		48		X
49 a Did	the organization make any transfers to an ex	empt non-charitable rela	ated organization?		49 a	·	X
b If Y	es,' was the related organization a section 52	?7 organization?			49b		_ X_
	pplete this table for the organization's five hig						-
emp	loyees) who each received more than \$100,	000 of compensation fro	m the organization if the	ere is none, enter 'None.'	· 		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
none			<del> </del>	<del> </del>	<del> </del>		
			1	}			
					1		
			<u> </u>	<u> </u>	<u> </u>		
			ļ	<del> </del>	<del> </del>		
				1			
			<del> </del>	<del> </del>	<del> </del>		
					1		
f Tota	al number of other employees paid over \$100	),000 ▶	<del></del>	<del></del>	·l		
<b>51</b> Cor	nplete this table for the organization's five hig	hest compensated inde	pendent contractors who	- each received more tha	n \$100,000 c	of	
	pensation from the organization. If there is n	one, enter 'None.'	· 		·		
	(a) Name and business address of each independent con	tractor	(b) Type	of service	(c) Comp	ensatio	л
none							
			<u></u>		<del> </del>		
			-		1		
		<del></del>	<del> </del>				
			-		1		
			<del> </del>	<del></del>	<del>                                     </del>		
- <b>-</b>					1		
				· <del>······························</del>			
			]		1		
d Tot	al number of other independent contractors e	ach receiving over \$100	),000				
	the organization complete Schedule A? Note appleted Schedule A	, ,, ,	•		• X Yes	. [	No
			and statements, and to the best				
true, correct	iles of perfury, I declare that I have examined this return, inc and complete Declaration of preparer (other than officer) is	based on all information of whi	ch preparer has any knowledge	<del></del>			
•	Signature of officer	<del></del>		Date			
Sign Here							
11010	VINCENT PATRICK Type or print name and title	<del></del>	<del></del>	CHAIRMAN			
	Print/Type preparer's name	Preparer's signature	Date	1 121 1	PTIN		
Deid	SHARON RAGIN	SHARON RAGIN	11/14/		P0135630	6	
Paid Prepare		PA		'			
Use Only		rive Suite 107		Firm's EIN	51-0420	581	
	Stone Mountain		GA 30083	Phone no (4)	04) 292-	0036	
May the	RS discuss this return with the preparer show	vn above? See instruction	ons		· . ► XYes	· [	No
					Form 99	0-EZ (	2016)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization					Employer Identifica	ition number		
SOARING EAGLES TRAINING	AND DEVELOPEM	ENT			26-047240	4		
Part I Reason for Public Cha			mplete	this p	art.) See instruction	ns.		
The organization is not a private foundati	on because it is: (For I	ines 1 through 12, check	only on	e box.)				
1 A church, convention of church	nes, or association of c	hurches described in se	ction 17	0(b)(1)( <i>i</i>	A)(I).			
2 A school described in section	170(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	or 990-	EZ).)				
3 A hospital or a cooperative hos	spital service organizat	ion described in <b>sectio</b> n	170(b)(	1)(A)(iii)				
4 A medical research organization	on operated in conjunct	tion with a hospital descr	ibed in s	ection	170(b)(1)(A)(iii). Enter th	ne hospital's		
name, city, and state.	name, city, and state.							
5 An organization operated for the section 170(b)(1)(A)(iv). (Cor	ne benefit of a college of mplete Part II.)	or university owned or o	perated b	y a gov	ernmental unit described			
6 A federal, state, or local govern	nment or governmental	l unit described in <b>sectio</b>	on 170(b	)(1)(A)(v	·).			
7 An organization that normally r in section 170(b)(1)(A)(vi).	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8 A community trust described in		(vi). (Complete Part II.)						
9 An agricultural research organi	ization described in se	ction 170(b)(1)(A)(ix) o	perated i	n conjur	ction with a land-grant o	college		
or university or a non-land-grain				-	_	_		
university:						<del>.</del>		
10 X An organization that normally refrom activities related to its exemple investment income and unrelated June 30, 1975. See section 50	empt functions—subjected business taxable in	t to certain exceptions, a come (less section 511	and (2) no	o more t	han 33-1/3% of its supp	ort from gross		
11 An organization organized and			See <b>sect</b>	ion 509	(a)(4).			
An organization organized and or more publicly supported org	janizations described it	n <b>section 509(a)(1)</b> or <b>s</b>	ection 50	09(a)(2).	See section 509(a)(3).	urposes of one . Check the box in		
a Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	tion operated, supervisegularly appoint or elec	ed, or controlled by its s	upported	organiz	ation(s), typically by givi	ing the supported tion. <b>You must</b>		
b Type II. A supporting organiza management of the supporting must complete Part IV, Section	ı organizatıon vested ir	trolled in connection with the same persons that	its supp control o	orted or r manag	ganization(s), by having te the supported organiz	control or cation(s). <b>You</b>		
c Type III functionally integrat organization(s) (see instruction	ed. A supporting organ	nization operated in conr ete Part IV, Sections A,	ection w <b>D. and E</b>	ith, and	functionally integrated w	ith, its supported		
d Type III non-functionally inte functionally integrated. The ord instructions). You must comp	ganization generally mi	ust satisfy a distribution	connecti requirem	on with a	ts supported organization an attentiveness require	on(s) that is not ement (see		
e Check this box if the organizat integrated, or Type III non-fund	tion received a written o	determination from the II	RS that it	ıs a Typ	e I, Type II, Type III fun	ctionally		
f Enter the number of supported or								
g Provide the following information a	about the supported or	ganization(s).				<del></del>		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
(A)			<u></u>					
(B)								
(C)			<del> </del>					
<u>(D)</u>			<u> </u>					
(E)								
Total								

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

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

-							
sect	ion A. Public Support		r	r <del></del>	r	<del></del>	<del></del>
egin	dar year (or fiscal year ning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-			
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	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			ļ			
Sect	ion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc. (see instru	ictions)	• • • • • • • • •		12	
13	First five years. If the Form 990 is organization, check this box and s	for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 201						%
15	Public support percentage from 20	15 Schedule A, P	art II, line 14	• • • • • • • • •		15	<u> </u>
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a publi	I not check the box cly supported orga	on line 13, and lin	ne 14 is 33-1/3% or	more, check this bo	ox►
b	33-1/3% support test—2015. If the and stop here. The organization of	e organizatıon did qualifies as a publi	not check a box of cly supported orga	n line 13 or 16a, ar anization	nd line 15 is 33-1/3	% or more, check th	nis box ▶
17a	10%-facts-and-circumstances to or more, and if the organization method organization meets the 'facts-attention' facts-attention' facts-attention in the organization meets the 'facts-attention' facts-attention in the organization meets the 'facts-attention' facts and the organization in	est—2016. If the or eets the 'facts-and and-circumstances	ganization did not -circumstances' te ' test. The organiz	check a box on lin st, check this box a ation qualifies as a	e 13, 16a, or 16b, and <b>stop here</b> . Exp publicly supported	and line 14 is 10% plain in Part VI how I organization	▶ 📋
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and arcumstances' tes	-circumstances' te st. The organization	st, check this box a n qualifies as a pul	and stop here. Exp olicly supported org	plain in Part VI how ganization	the ▶ □
18	Private foundation. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	c and see instruction	ns ▶ 🗍
BAA						hadula A /Fa- 00	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support							
Calend	dar year (or fiscal year beginning in) 🟲	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 201	5	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants').	3,789.	11,137.	10,132.	14,166.	14,0	09.	53,233.
	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							32,233.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		}	:				
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5	3,789.	11,137.	10,132.	14,166.	14,0	09.	53,233.
<i>7</i> a	Amounts included on lines 1, 2, and 3 received from disqualified persons		i	3,535.	6,670.			10,205.
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							
С	Add lines 7a and 7b			3,535.	6,670.			10,205.
8	Public support. (Subtract line 7c from line 6.)			3/333.	0,070.			43,028.
Sec	tion B. Total Support				<del></del>			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
9	Amounts from line 6	3,789.	11,137.	10,132.	14,166.	14,0	09.	53,233.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Add lines 10a and 10b	<del></del>						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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.)	3,789.	11,137.			14,0		53,233.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's Tirst, second, t	nira, tourtn, or tittn	tax year as a sect	ion 501(c)(3	) 	▶ []
Sec	tion C. Computation of Pu							
15	Public support percentage for 201						15	80.83 %
16	Public support percentage from 20				<u> </u>		16	74.07 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9				
17	Investment income percentage for	2016 (line 10c, co	lumn (f) divided by	line 13, column (f	))		17	%
18	Investment income percentage fro						18	ફ
19a	33-1/3% support tests—2016. If the is not more than 33-1/3%, check the	he organization did his box and <b>stop h</b>	i not check the box ere. The organizat	c on line 14, and lir tion qualifies as a p	ne 15 is more than publicly supported	33-1/3%, an organization	d line	17 ⊾ [x]
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, and the line 18 is not more than 33-1/3%, and the line 18 is not more than 33-1/3%, and the line 18 is not more than 33-1/3%.	he organization did check this box and	I not check a box of stop here. The or	on line 14 or line 19 ganization qualifie	9a, and line 16 is n s as a publicly sup	nore than 33 ported organ	·1/3%, nization	and n ▶ []
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions.		<u></u>
_								

26-0472404

Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 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 of If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes,' answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable 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.
- 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time dunng the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	1 2 -	الستا
1	<del> </del>	
	50	5.7
2	1	
<del>  -</del>	1	
32	1	lJ
-	F 1	2.1
	1 2/4	
3b	,	
J. 1019	, - CY .	
3c	T	
;		
4a	1	
10 1	1335	
-7.3		45° 34' - 1
4lb	·	
,	*	
	ــــــــــــــــــــــــــــــــــــــ	
40	<u>.                                    </u>	
75.	ر آن اور	, 40
二人養		E <sub>s</sub> ,
1000		S.Y.
	2000	
59	·	
5a	1 25 3	
· · ·	12	
5a 5b	12	
· · ·	12	
· · ·	12	
50 50 50	12	
5tb	12	
50 50 50		
5tc		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5b		
5b 5c 6	A CONTROL OF THE CONT	122
5b 5c 6	A CONTROL OF THE CONT	
50 50 6		
5b 5c 6	A CONTROL OF THE CONT	122
5b 5c 6	A SECTION OF THE SECT	
50 50 6	A SECTION OF THE SECT	
50 50 6 7 7		
50 50 6 7 7		
50 50 6 7 7		
50 50 6 7 7	を 1000 mm 10	
50 50 6 7 7		
50 50 6 7 7	を できない できない できない できない できない できない できない できない	
55c 5c 6 8 8	を できた	

	ule A (Form 990 or 990-EZ) 2016 SOARING EAGLES TRAINING AND DEVELOPEMENT 26-047240	4	P	age 5
Part	IV Supporting Organizations (continued)		<u>.</u>	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		ļ
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.	11c		
Sect	ion B. Type I Supporting Organizations			
4	Did the directors trustees or membership of one or more supported executations have the power to require the		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations		L	<del></del>
	, or b. 7th Type in depporting digametric		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
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 <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	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 instruction)	ions).		
2	Activities Test. Answer (a) and (b) below.			T
			Yes	No
8	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
t	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.	25		
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	2-	<u> </u>	<del> </del>
	each of the supported organizations? Provide details in Part VI.	3a	-	+
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If Yes,' describe in Part VI the role played by the organization in this regard.	3b		
BAA	TEEA0405 09/28/16 Schedule A (Form 99	0 or 9	90-EZ	2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rganizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust Instructions. All other Type III non-functionally integrated supporting organization	on Nov. 20, ns must com	1970 (explain in Part )	/I). <b>See</b> gh E
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5	<del></del>	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	-	
7	Other expenses (see instructions)	7	**************************************	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current 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).			
а	Average monthly value of secunties	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
C	Total (add lines 1a, 1b, and 1c)	1 d		
€	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		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		1 12
2	Enter 85% of line 1.	2		-
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		i i
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

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

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016 . . . BAA

а

instructions

Breakdown of line 7:

b Excess from 2013 . . . . c Excess from 2014 . . . . d Excess from 2015 . . .

from line 1. For result greater than zero, explain in Part VI See

Excess distributions carryover to 2017. Add lines 3j and 4c.

Schedule A (Form 990 or 990-EZ) 2016

Page 8

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

## **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer Identification number

SOARING EAGLES TRAINING AND DEVELOPEMENT

26-0472404

Pt V, Line 44d

THE ORGANIZATION DOES NOT RENDER TANNING SERVICES.