

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending

C Name of organization Sangre De Oro, Inc.
Doing business as _____
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6301 4th Street NW 6
City or town State ZIP code
Albuquerque NM 87107
Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 85-0378433

E Telephone number 505 341-9321

F Name and address of principal officer:
Jessica Hernandez 6301 4th Street NW Ste 6, Albuquerque, NM 87107

G Gross receipts \$ 307,232

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ NA

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1989 **M** State of legal domicile: NM

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To support families and children with hemophilia and other bleeding disorders</u>		
	2	Check this box <input type="checkbox"/> 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 (Part VI, line 1a)	<u>3</u>	<u>10</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>10</u>
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<u>5</u>	<u>1</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>25</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>186,830</u>	<u>189,536</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>60</u>	<u>180</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>13</u>	<u>12</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>252,165</u>	<u>271,046</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>4,721</u>	<u>43,542</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>14,513</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>277,057</u>	<u>175,137</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>281,778</u>	<u>218,679</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>-29,613</u>	<u>52,367</u>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>112,825</u>	<u>114,791</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>50,401</u>	<u>0</u>
		<u>62,424</u>	<u>114,791</u>	

Part II Signature Block

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

Sign Here Jessica Hernandez Signature of officer 8/23/18 Date
Jessica Hernandez Type or print name and title President

Paid Preparer Use Only

Print/Type preparer's name Mary Scofield Preparer's signature Mary Scofield Date 8/23/2018 Check if self-employed PTIN _____
Firm's name ▶ _____ Firm's EIN ▶ _____
Firm's address ▶ 1308 Alcazar NE, Albuquerque, NM 87110 Phone no. 505-265-4853

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No