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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Department of the Treasury Internal Revenue Service(77)

(except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A GIVELOPE SPOLISONIA PAR	For the 2007 cal	endar year,	or tax year beginning	, 2007	, and	ending		,		
\$ B	Check if applicable		C Name of organization				D Empl	oyer Identi	ification Number	
	Address change	Please use IRS label	Ganados del Va	ille			85	-0328	295	
	Name change	or print or type.	Number and street (or P	O box if mail is not delivered to street a	ıddr) f	Room/suite	E Telep	hone num	ber	
K Q	Initial return	See specific	PO Box 118				(5	05) 5	88-7896	
	Termination	Instruc- tions.	City, town or country	Sta	ite ZIP	code + 4	F Acco	unting	Cash X	Accrual
e	Amended return		Los Ojos	N	M 8	7551		Other (spe	.cıfy) ►	-
Ţ	Application pend	ng • Secti		ons and 4947(a)(1) nonexempt		H and I are not applic				
<i>y</i> —		chari	itable trusts must attacl	a completed Schedule A		H (a) Is this a grou	ıp return fo	r affiliates?	Yes	X No
⊸G		•	n 990 or 990-E Z) .			H (b) If 'Yes,' ente	r number o	f affiliates ^l	•	
	Web site: ► N /	<u> </u>				H (c) Are all affilia			Yes	No
2010	Organization typ				٦	(If 'No,' attac			•	
	(check only one)	1		(insert no) 4947(a)(1) or	527	H (d) Is this a sepa organization		-	\square	X No
K	<u> </u>	, .		3) supporting organization and			-		- 1	A NO
			a return, be sure to file	A return is not required, but if a complete return	uie	I Group Exe			ion is not require	
_			<u> </u>	<u></u>					990-EZ, or 990-P	
			, 8b, 9b, and 10b to line	in Net Assets or Fund	Rala	<u> </u>				
[Pa					Dala	ilces (See inc	; II ISU L	CHOITS.		
			ants, and similar amour	is received	۱.,	.1				
			advised funds		16		E 0			
			not included on line 1a)		11	 	50.			
	1		(not included on line 1a	•	10	 				
			ons (grants) (not include			3				F 0
	e Total (add lin la through lo				<u>0.</u>)	02		1 e		50. ,160.
				it fees and contracts (from Par	t VII, I	ine 93)		2		
			assessments					3		<u>0.</u> ,790.
			d temporary cash invest	ments				5	51	, 190.
	1		from securities		ء ا	_	200	-		
	6a Gross rent	SEIVEY	100		6		200.			
	b Less: rent	al expenses	19		6	0	0.	6 c		200.
	e Net remai	باری income or	(446) Subpect line 6b fr	om line ba			,	7		200.
R		• • • •	me (describe	(A) Securities	- T	(B) Othe		- 		
R E V E N U	8a Greek am	unt from sa	es of assets other	(A) Securities	+					
Ň	thegraper	TOTY OF	sis and sales expenses		8:					
Ě	b Less cost	Office pa	sis and sales expenses		81			"		
	c Gain or (loss			<u> </u>	8	<u> </u>	-	8 d		
	1	. ,	mbine line 8c, columns (A) and (B)) If any amount is from gamin	a obo	ok boro ▶	٦	- Su		
	a Gross reve		· · · · · · · · · · · · · · · · · · ·	of contributions	y, che	ck liefe [_			
	reported o		cruding 4	or contributions	9	al				
		•	other than fundraising e	xpenses	9		_			
	c Net incom	e or (loss) f	rom special events. Sub	tract line 9b from line 9a				9 c		
			ory, less returns and allo		10	a				
	b Less [,] cost	of goods so	old		10					
	l .			lule) Subtract line 10b from line 10a				10 c		_
·-=>	,		Part VII, line 103)	ŕ				11		
36		-	es 1e, 2, 3, 4, 5, 6c, 7,	8d. 9c. 10c. and 11				12	54	,200.
- - -			m line 44, column (B))			-		13		,309.
⊕ ¥	1		eral (from line 44, colum	ın (C))				14		,913.
⊖ P E	_		44, column (D))					15		0.
AUG		-	(attach schedule)					16		
	1		ines 16 and 44, column	(A)				17	15	,222.
Q^{-}	18 Excess or		the year Subtract line 1					18		,978.
및 s	19 Net assets			ear (from line 73, column (A))				19		,695.
ANNED	20 Other cha		assets or fund balances					20		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		=		ombine lines 18, 19, and 20				21	991	,673.
(CRA				ntice see the senarate instruc	tions		TEE40101	<u> </u>		0 (2007)

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *Gee instruct*.)

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised			33, 11,000	and general	
	funds (attach sch)		:			
	(cash \$					
	If this amount includes					
22 -	foreign grants, check here	22 a				ļ
22 0	Other grants and allocations (att sch) (cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here	22 b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc. listed	,				
	in Part V-A	25 a	0.	0.	0.	0.
b	Compensation of former officers, directors, key employees, etc. listed					
	ın Part V-B	25 b	0.	0.	0.	0.
C	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section					
	4958(c)(3)(B)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	1,250.	356.	894.	0.
32	Legal fees	32			110	
33	Supplies	33 34	169. 434.	59. 124.	110. 310.	0.
34 35	Telephone Postage and shipping	35	189.	32.	157.	0.
	Occupancy	36	3,466.	2,392.	1,074.	0.
37	Equipment rental and maintenance	37				
38	Printing and publications	38				<u> </u>
39	Travel	39			<u> </u>	·
40	Conferences, conventions, and meetings	40	1,261.	0.	1,261.	0.
41 42	Interest Depreciation, depletion, etc (attach schedule)	41	4,315.	3,797.	518.	0.
43	Other expenses not covered above (itemize)	-42	4,515.	5,191.		
ā	Bank charges	43a	29.	0.	29.	0.
t	Taxes, licenses, fees	43b	30.	10.	20.	
	Insurance	43 c	2,994.	1,497.	1,497.	0.
	Penalties	43d	978.	0.	978.	
	Advertising and development	43e	42.	42.	0. 65.	0.
	Miscellaneous	43f 43g	65.	0.		
44		39				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	15,222.	8,309.	6,913.	0.
	t Costs. Check If you are following			-1ii	Dragram 02	► Yes X No
	any joint costs from a combined education; es,' enter (i) the aggregate amount of these		paign and fundraising so costs \$	olicitation reported in (B) ; (ii) the a	riogram services/ mount allocated to Proc	
\$			I to Management and ge	neral \$, and (iv) the	e amount allocated
_	indraising \$					

Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

		ran, cocarizos, mir art m, are organization progr		
		Train individuals to develop sustainable evements in a clear and concise manner. State the ents that are not measurable. (Section 501(c)(3) an also enter the amount of grants and allocations to constants.		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
		businesses, promote arts and		
crafts, and agr	uculture product:	ion skills so as to improve		
		residents		
		0.) If this amount includes foreign grants, check		8,309.
				0,309.
		·		
) If this amount includes foreign grants, check	here ►	
			-	
) If this amount includes foreign grants, check	here ▶	
) If this amount includes foreign grants, check		
e Other program services		, <u> </u>		
(Grants and allocations	\$) If this amount includes foreign grants, check	here ►	
f Total of Program Service		ne 44, column (B), Program services)	>	8,309.

BAA

Form 990 (2007)

Not		Where required, attached schedules and amounts within olumn should be for end-of-year amounts only	the de	scription		(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			·	27,164.	45	33,032.
	46	Savings and temporary cash investments				607,478.	46	650,639.
		Accounts receivable Less allowance for doubtful accounts	47a				47 c	
		Less anowarice for doubtful accounts	4/5				4/6	·
	48 a	Pledges receivable	48a	<u>-</u>				
		Less allowance for doubtful accounts	48b				48 c	
	49	Grants receivable	1 19 1				49	
	50 a	Receivables from current and former officers, directors employees (attach schedule)	s, truste	ees, and ke	·y		50 a	
A	b	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attach	d unde	r section 4 lule)	958(f)(1))		50 Ь	
A S E T S	51 a	Other notes and loans receivable (attach schedule)	51 a	1	75,941.			
ទ់	b	Less: allowance for doubtful accounts	51 b	_	0.	181,677.	51 c	175,941.
		Inventories for sale or use				8,500.	52	8,500.
	53	Prepaid expenses and deferred charges		_			53	
	54 a	Investments — publicly-traded securities	•	Cost	FMV		54a	
		Investments — other securities (attach sch)	▶	Cost	∐ FMV		54b	
	55 a	Investments – land, buildings, & equipment: basis	55 a					
	b	Less accumulated depreciation (attach schedule)	55 b				55 c	
	56	Investments - other (attach schedule)					56	
	57 a	Land, buildings, and equipment basis	57 a	1	53,202.			
	b	Less accumulated depreciation (attach schedule)	57b		73,944.	83,573.	57 c	79,258.
	58	Other assets, including program-related investments						
		(describe ► See Line 58 Stmt) }	44,303.	58	44,303.
	59	Total assets (must equal line 74) Add lines 45 through	h 58			952,695.	59	991,673.
	60 61	Accounts payable and accrued expenses			}	0.	60	0.
	61 62	Grants payable Deferred revenue					62	
Ĩ							02	
A B	63	Loans from officers, directors, trustees, and key employees (attach schedule)					63	
	64 a	Tax-exempt bond liabilities (attach schedule)					64a	
Ţ		Mortgages and other notes payable (attach schedule)			Ì		64b	
É	65	Other liabilities (describe - See Line 65 St	mt)		65	· · · · · · · · · · · · · · · · · · ·
	66	Total liabilities. Add lines 60 through 65				0.	66	0.
	Orga	anizations that follow SFAS 117, check here 🕨 🔲 a	nd com	plete lines	67		3	
P E T		through 69 and lines 73 and 74						
	67	Unrestricted				_	67	
онному	68	Temporarily restricted					68	
Ş	69	Permanently restricted	_		i		69	
Q R	Orga	anizations that do not follow SFAS 117, check here	X :	and comple	ete lines			
_	7.	70 through 74						
רכבס	70	Capital stock, trust principal, or current funds		ام سـ ا	}		70	
	71 72	Paterned carriage endowment accumulated prema			}	952,695.	71 72	991,673.
Ľ	72	Retained earnings, endowment, accumulated income,				332,033.	 ' 	991,013.
B41420m の	73	Total net assets or fund balances. Add lines 67 throug 72 (Column (A) must equal line 19 and column (B) m	ust eq	ual line 21)	hrough	952,695.	73	991,673.
	74	Total liabilities and net assets/fund balances. Add line	es 66 a	nd /3		952,695.	74	991,673.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and addre	ess	(B) Title and average per week devo to position		(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Antonio J. Manzanar	es					
PO_Box_307					_	
Tierra Amarilla	NM 87575	Chairperson	0.00	0.	0.	0.
Jose Belarmino Arch	<u>uleta</u>					
PO_Box_154						
Los Ojos	NM 87551	Vice-Chairperson	0.00	0.	0.	
Arlene Valdez						
PO Box 62						
Tierra Amarilla	NM 87575	Secretary	0.00	0.	0.	0.
Loyola Archuleta						
PO_Box_81						
Los Ojos	NM 87551	Board Member	0.00	0.	0.	0.
Tina Ulibarri						
PO Box 1003						
Chama	NM 87520	Board Member	0.00	0.	0.	0.
				_		

d

2Other (specify):

Add lines d1 and d2

Total expenses (Part I, line 17) Add lines c and d

Form 990 (2007) Ganados del Valle			85-032829	5	F	age 6
Part V-A Current Officers, Directors, Tru	istees, and Key En	nployees (continue			Yes	No
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizati	on business at board meetings	5 - 5	_		
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other through identifies the individuals and explains the relat	sated professional and gh family or business re	other independent contr	actors listed in Schedule	75 b		x
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen	loyees listed in form 99	0, Part V-A, or highest other independent contr	compensated employees actors listed in Schedule	755		
A, Part II-A or II-B, receive compensation from to the organization? See the instructions for th	any other organizations e definition of 'related o	s, whether tax exempt o rganization'	r taxable, that are related	► 75c		х
If 'Yes,' attach a statement that includes the in	formation described in t	he instructions				
d Does the organization have a written conflict or		· · - · · · · · · · · · · · · ·		75d		<u> </u>
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions)	or, trustee, or key emplo	oyee received compensation or other	ation or other benefits (describenefits in the appropriate of	cribed be column :	low) See	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa	and ot	ther
						
			 			
Part VI Other Information (See the Inst	ructions.)				Yes	No
76 Did the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization make a change in its activity of the organization of the organ		ducting activities?		76		х
77 Were any changes made in the organizing or g	•	t not reported to the IRS	37	77		Х
If 'Yes,' attach a conformed copy of the change	es			*		*
78a Did the organization have unrelated business of	ross income of \$1,000	or more during the year	covered by this return?	78 a		Х
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b		
79 Was there a liquidation, dissolution, terminatio	n or substantial contrac	tion during the		, ,		<u>*</u>
year? If 'Yes,' attach a statement	ii, or substantial contrac	sacra during the		79		<u> x</u>
80 a ls the organization related (other than by assormembership, governing bodies, trustees, office	ciation with a statewide	or nationwide organizat	ion) through common	80 a	*	X
b If 'Yes,' enter the name of the organization	, 212, 12 2019 0010		• •			
	and ch	neck whether it is e	xempt or nonexempt	_		
81 a Enter direct and indirect political expenditures			81 a			
b Did the organization file Form 1120-POL for the				81 b		Х
BAA			•	Form	990	(2007)

Form 990 (2007) Ganados del Valle	<u>85-032829</u>	<u> </u>		Page '
Part VI Other Information (continued)	· · · · · · · · · · · · · · · · · · ·		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	es at no charge or at	82 a		x
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	826			
83a Did the organization comply with the public inspection requirements for returns and exemp	otion applications?	83 a	Х	
b Did the organization comply with the disclosure requirements relating to quid pro quo contr	ributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such not tax deductible?	contributions or gifts were	84b		
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		85 a		Х
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b		X
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless waiver for proxy tax owed for the prior year	s the organization received a		** }	
c Dues, assessments, and similar amounts from members	85c N/A	1 2.2	K. ¥	
d Section 162(e) lobbying and political expenditures	85d N/A	1 1		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A		(()	***
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A		r å .	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g		Х
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reduces allocable to nondeductible lobbying and political expenditures for the following tax year?	easonable estimate of	85 h	Ø.	X
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on				
line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a N/A		1.3	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A	(1) (4)		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301 If 'Yes,' complete Part IX	le corporation or partnership, 7701-2 and 301 7701-3?	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled en section 512(b)(13)? If 'Yes,' complete Part XI	ntity within the meaning of	88b		Х
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year section 4911 ► 0.; section 4912 ► 0.; section				:: %
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 ex	+		Ž.	7
during the year or did it become aware of an excess benefit transaction from a prior year? explaining each transaction	' If 'Yes,' attach a statement	89 b	8000	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during	g the			
year under sections 4912, 4955, and 4958	<u> </u>		.	
d Enter. Amount of tax on line 89c, above, reimbursed by the organization	and they shalter transportion?	89 e	<u> </u>	- V
e All organizations. At any time during the tax year, was the organization a party to a prohib				X
f All organizations Did the organization acquire a direct or indirect interest in any applicable	e insurance contract?	89 f	3	X
g For supporting organizations and sponsoring organizations maintaining donor advised fundorganization, or a fund maintained by a sponsoring organization, have excess business ho	ds Did the supporting bldings at any time during			
the year?		89 g	<u> </u>	X
90 a List the states with which a copy of this return is filed ► See States Filed In				
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		90 b		(
91 a The books are in care of ► Telephone	e number ► (505) 588-	7896	5	
Located at ► PO Box 118 Los Ojos	NM_ ZIP+4 ► 8755	1		
b At any time during the calendar year, did the organization have an interest in or a signatur financial account in a foreign country (such as a bank account, securities account, or other	re or other authority over a refinancial account)?	91 b	Yes	Х
If 'Yes,' enter the name of the foreign country		- '	* · · · · · · · · · · · · · · · · · · ·	, 33
	of Farrier David and	1		1 3
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	of Foreign Bank and		1	16.

	2007) Ganados del Valle				85-0328	295 Page 8
	Other Information (continue					Yes No
	y time during the calendar year, did		on maintain an office	e outside of the Un	ited States?	91 c X
If 'Yes	s,' enter the name of the foreign cou	ntry -				-
	on 4947(a)(1) nonexempt charitable	-				▶ 🗌
	nter the amount of tax-exempt inter				▶ 92	
Part VII	Analysis of Income-Produc	ing Activiti	es (See the inst	ructions.)		
		Unrelated	business income	Excluded by se	ection 512, 513, or 514	
Note: Enter otherwise in	r gross amounts unless ndicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Prog	gram service revenue					
a Ga:	nados Programs					2,160.
b Pa	tores General Store		-			
					-	
e						
	licare/Medicaid payments					
	· -					
_	& contracts from government agencies					
	nbership dues and assessments			3		0.
95 Inter	est on savings & temporary cash invmnts			3	51,790.	
96 Divi	dends & interest from securities					
97 Net r	ental income or (loss) from real estate					
a deb	t-financed property					
b not	debt-financed property			3	200.	
98 Net r	rental income or (loss) from pers prop			3		
	er investment income			-		
33 Our	er investment income	-		- -		
	n or (loss) from sales of assets er than inventory					
101 Net i	ncome or (loss) from special events	-				
	s profit or (loss) from sales of inventory					
	er revenue. a					**
	yalties	`		3		
			· 	-		
_						*
d				- 		
e	114 11 1 (2) (2)			.	<u> </u>	2 160
	otal (add columns (B), (D), and (E))				51,990.	2,160.
	al (add line 104, columns (B), (D), a				-	54,150.
	105 plus line 1e, Part I, should equa			<u></u>		
Part VIII	Relationship of Activities to	o the Accor	nplishment of E	xempt Purpose	es (See the instruc	tions.)
Line No.	Explain how each activity for which of the organization's exempt purpo	income is rep ses (other tha	oorted in column (E) n by providing funds	of Part VII contribution such purposes	uted importantly to the a).	ccomplishment
93	Revenue received from	sales o	r agriculture	and weaving	ng and	
93						
93						
93						
Part IX	Information Regarding Tax	able Subsi	diaries and Disre	egarded Entitie	s (See the instruct	ions.) N/A
	(A)	(B)		(C)	(D)	(E)
				(0)		
	address, and EIN of corporation, tnership, or disregarded entity	Percentage ownership int		of activities	Total income	End-of-year assets
	unciship, or disregarded entity	Ownership in			moone	
		+	8			
		 	8		_	
			8			
	T		8	·		
	Information Regarding Tra					
a Did the	organization, during the year, receive any fu	nds, directly or in	directly, to pay premiums	on a personal benefit o	ontract?	Yes X No
b Did th	ne organization, during the year, pay	premiums, di	rectly or indirectly, o	n a personal bene	fit contract?	Yes X No
	f 'Yes' to (b), file Form 8870 and For					·= -
BAA					TEFA0108 12/27/0	7 Form 990 (2007)

Par	t XI Information Regarding Transfers To an	d From Controlled En	ntities. Complete	only if the	4-	
-	organization is a controlling organization	n as defined in section	n 512(b)(13).		N/A	· • •
	.				Yes	No
106	Did the reporting organization make any transfers to a 'Yes,' complete the schedule below for each controlled	controlled entity as defined entity	in section 512(b)(13)	of the Code? If		
	(A)	(B) Employer Identification	(C) Description	,	· · · · · ·	
	Name, address, of each controlled entity	Employer Identification Number	Description transfer	n of Amount	of tran	sfer
а						
b						
С						
			7 and 30 x 2 comp 2 3 .	* • / •		
	Totals					
			<u> </u>		Yes	No
107	Did the reporting organization receive any transfers fro	om a controlled entity as de	fined in section 512(b)(13) of the Code? If		
	'Yes,' complete the schedule below for each controlled	entity				
	(A) Name, address, of each	(B) Employer Identification	(C) Description	n of Amount	(D)	_
	controlled entity	Number	transfer	Amount	of tran	ster
а						
b						
С						
	Totals					
	Totals				T:-	T
					Yes	No
108	Did the organization have a binding written contract in annuities described in question 107 above?	effect on August 17, 2006,	covering the interest,	rents, royalties, and		
	Under penalties of perjury, I declare that I have examined this returne, correct/and complete Declaration of preparer (other than of	urn, including accompanying schedu	les and statements, and to	the best of my knowledge and	belief, it	ıs
DI	. ~ /	licer) is based on all information of	which preparer has any kno		201	17
Plea Sign		2 Who	Date	1-9-2	101	<u> </u>
Here	JOSE BAVEL	Uluta.	Pres	rdent		
	Type or print name and title				·	
Paid		Date	self-		or PTIN	(See
Pre- pare	max N. Sanchez		/25/10 emplo	oyed ►		
Use	yours if self- employed), > 920 Denton St.	ng a consulting t	EIN	-74-2832	578	
Only	address, and ZIP + 4 Espanola	NM 87532	Phone	e no 🕨		
BAA				For	m 990	(2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Come de la				or oppose	number
Part I	del Valle	shoot Boid Smaleyees Oth		85-0328295	d Tructoos
rarti	Compensation of the Five Hig (See instructions. List each or			, Directors, and	u Trustees
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None		-			
None					
None		-			
None		-			
None		-			
Total number	r of other employees paid	None			>
Part II —		hest Paid Independent Co	ontractors for Pr	rofessional Ser	vices None.')
(a) Nan	ne and address of each independent contr	· - ·	T	of service	(c) Compensation
None					-
					
Total number	er of others receiving over	None			
	professional services B Compensation of the Five High			her Services	<u>** </u>
	(List each contractor who perf firms. If there are none, enter	formed services other than	professional ser	vices, whether	ındivıduals or
(a) Nan	ne and address of each independent contr	ractor paid more than \$50,000	(b) Type	of service	(c) Compensation
None					
				-	
					-
			-		
	er of other contractors receiving	None			

Pa	rt III	Statements About Activities (See instructions.)		Yes	No
1	During to influ	the year, has the organization attempted to influence national, state, or local legislation, including any attempt ence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or incu	rred in connection with the lobbying activities			
	(Must e	equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	<u> </u>	X
	organiz	zations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other tations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the gactivities			
2	substar	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any nitial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principaliary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	y il		
	a Sale, e	xchange, or leasing of property?	2a		х
	b Lendin	g of money or other extension of credit?	2b	X	<u> </u>
	c Furnish	ning of goods, services, or facilities?	2c		x
	e i airiisi	See Part V, Form 990			
	d Pavme	nt of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	ı x	
	a r ayınıc	the of comparison (of payment of fermoursement of expenses if more than \$45,000)		 	1
	e Transfe	er of any part of its income or assets?	2e		х
3	a Did the explan	organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an ation of how the organization determines that recipients qualify to receive payments)	3 <u>a</u>	х	
	b Did the	organization have a section 403(b) annuity plan for its employees?	3ь	,	х
	to pres	organization receive or hold an easement for conservation purposes, including easements erve open space, the environment, historic land areas or historic structures? If attach a detailed statement	3c	:	x_
	d Did the	organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d	<u> </u>	х
4	a Did the 4f and	organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4g.	4a	ļ	<u>x</u>
	b Did the	organization make any taxable distributions under section 4966?	4b	<u>, </u>	
	c Did the	organization make a distribution to a donor, donor advisor, or related person?	4c	:	<u> </u>
	d Enter t	he total number of donor advised funds owned at the end of the tax year			
	e Enter t	he aggregate value of assets held in all donor advised funds owned at the end of the tax year			
	funds i	he total number of separate funds or accounts owned at the end of the tax year (excluding donor advised ncluded on line 4d) where donors have the right to provide advice on the distribution or investment of ts in such funds or accounts			_0
	g Enter t	he aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0.

Ganados del Valle

Schedule A (Form 990 or 990-EZ) 2007

85-0328295

Page 2

Page 3

Reason for Non-Private I	<u>-</u> .		cable box)		
A church, convention of churches, o	r association of churches	Section 170(b)(1)(A)(i)			
A school Section 170(b)(1)(A)(ii) (A	Also complete Part V)				
A hospital or a cooperative hospital	service organization Secti	on 170(b)(1)(A)(III)			
A federal, state, or local governmen	t or governmental unit. Sec	ction 170(b)(1)(A)(v)			
A medical research organization operand state ►	erated in conjunction with a	a hospital Section 170(b)(1)(A)(III) Ente	r the hospital	's name, city,
An organization operated for the ber (Also complete the Support Schedu	nefit of a college or univers le in Part IV-A.)	sity owned or operated by a	governmenta	al unit Section	n 1 70(b)(1)(A)(IV
a X An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	es a substantial part of its plete the Support Schedul e	support from a governmen e in Part IV-A)	tal unit or fro	m the general	public
b A community trust Section 170(b)(1)(A)(vı). (Also complete th	e Support Schedule in Part	iV-A)		
An organization that normally receive from activities related to its charitable from gross investment income and corganization after June 30, 1975. See An organization that is not controlled.	le, etc, functions — subject unrelated business taxable ee section 509(a)(2). (Also d by any disqualified perso	t to certain exceptions, and income (less section 511 to complete the Support Scho ins (other than foundation m	(2) no more ax) from busi edule in Part nanagers) and	than 33-1/3% nesses acquir IV-A)	of its support ed by the
requirements of section 509(a)(3) C		es the type of supporting org			
1 1 2 1		out the supported organiza			
(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d Is the sup organizatio the supp organiza gover docum	pported n listed in porting ation's ning	(e) Amount of support
			165	- 100	
					<u></u>
					*
tal				•	
<u></u>				- !	
An organization organized and oper	ated to test for public safel	ty Section 509(a)(4) (See		dule A (Form	

TEEA0407 12/27/07

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year (e) Total (a) 2006 beginning in) Gifts, grants, and contributions received (Do not include unusual grants See line 28) 15 88,757. 2,020. 26,462. 117,239. 16 13 12. Membership fees received 145 170. 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 422 5,040. 184. 13,998. 19,644. charitable, etc, purpose Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired 34,273. 23,340. 120,138. by the organization after June 30, 1975 35,083. 27,442. Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets 126,107. Total of lines 15 through 22 35,518. 34,647. 60,919. 257,191. 35,096. 112,109. 237,547. 24 Line 23 minus line 17 29,607 60,735. 355. 609. 1,261 25 Enter 1% of line 23 346. 4,751 26 a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your 26 b return. Enter the total of all these excess amounts c Total support for section 509(a)(1) test Enter line 24, column (e) 237,547. 26 ¢ d Add Amounts from column (e) for lines: 26 d 120,138. 117,409. e Public support (line 26c minus line 26d total) 26 e 26 f 49.43 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person'. Do not file this list with your return. Enter the sum of such amounts for each year. (2006)____ (2005) ____ (2004) ____ (2004) ____ (2003) ____ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _ _ _ _ (2005) _ _ _ c Add: Amounts from column (e) for lines 15 20 27 c d Add Line 27a total and line 27b total 27 d e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) q Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 a ₽ h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27 h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

1 41	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31				
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		L
	If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement)			
		-		
		_		
32	Does the organization maintain the following	-		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	22.0		
	with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32 c		
	More and the term of the character will be a second or the character of th		*	
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
			*	
33	Does the organization discriminate by race in any way with respect to)	
33	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
		1		
		+*		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b Has the organization's right to such aid ever been revoked or suspended?	34b	ļ	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		
BA	2		90-E <i>Z</i> ,	2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See Instructions)

		(10 be completed that by a				<u>′</u>		
Chec	k ► a	If the organization belongs	to an affiliated group	Check ►	b [ıf you checl	ked 'a' and 'limited cont	rol' provisions apply.
			obbying Expenditu				(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lo	bbying expenditures to influen	ce public opinion (grassr	roots lobbyir	ng)	36		0.
37	Total lo	bbying expenditures to influen-	ce a legislative body (dir	rect lobbying	1)	37		
38	Total lo	bbying expenditures (add lines	36 and 37)			38		0.
39	Other e	xempt purpose expenditures				39		
40	Total ex	cempt purpose expenditures (a	idd lines 38 and 39)			40		0.
41	Lobbyir	ng nontaxable amount. Enter th	ne amount from the follow	wing table -	-			
	If the a	mount on line 40 is —	The lobbying nont	taxable amo	unt is	-		
	Not ove	r \$500,000	20% of the amount	t on line 40		-		
	Over \$500	0,000 but not over \$1,000,000	\$100,000 plus 15% of t	the excess over	\$500,000	0		
	Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of t	the excess over	\$1,000,0	000 41		0.
	Over \$1,5	00,000 but not over \$17,000,000	\$225,000 plus 5% of th	ne excess over S	\$1,500,00	10		
	Over \$	17,000,000	\$1,000,000		,	l		
42	Grassro	oots nontaxable amount (enter	25% of line 41)			42		0.
43	Subtrac	t line 42 from line 36 Enter -0)- if line 42 is more than	line 36		43		0.
44	Subtrac	ct line 41 from line 38 Enter -0)- If line 41 is more than	line 38		44		0.
	Caution	n: If there is an amount on eith	ner line 43 or line 44, you	u must file F	orm 47	720		

4 -Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50)

		Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total				
45	Lobbying nontaxable amount		0.	0.	0.	0.				
46	Lobbying ceiling amount (150% of line 45(e))		3		>	0.				
47	Total lobbying expenditures		0.	0.	0.	0.				
48	Grassroots non- taxable amount		0.	0.	0.	0.				
49	Grassroots ceiling amount (150% of line 48(e))	* * * * * * * * * * * * * * * * * * * *	1		ta 💸	0.				
50	Grassroots lobbying expenditures		0.	0.	0.	0.				

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

a Volunteers

- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying a	activities
---	------------

Yes	No	Amount

N/A

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

C	of the	Code (other than section	501(c)(3) or	ganızatıons) o	or in section 527, rela	ng with any other organization describing to political organizations?	cribed in section		:)
a٦	Fransf	ers from the reporting org	ganızatıon to	a noncharital	ole exempt organizati	on of		Yes	No
	(i)Ca	ish					51 a <u>(i)</u>		_ X
	(ii)Ot	her assets					a (ii)		X
b	Other t	transactions							
	(i)Sa	ales or exchanges of asse	ets with a no	ncharitable ex	empt organization		b (i)		X
	(ii)Pu	irchases of assets from a	noncharitat	le exempt org	janization		b (ii)		X
	(iii)Re	ental of facilities, equipme	ent, or other	assets			b (iii)		Х
	(iv)Re	embursement arrangeme	nts				b (iv)		X
	` '	ans or loan guarantees					b (v)		Х
		erformance of services or	membershir	or fundraisin	a solicitations		b (vi)		Х
		g of facilities, equipment			•		C		Х
d l	f the a the go	answer to any of the above ods, other assets, or servansaction or sharing arrai	ve is 'Yes,' c vices given b ngement, sh	omplete the for y the reporting ow in column	ollowing schedule Cog organization If the (d) the value of the g	umn (b) should always show the fa organization received less than fair oods, other assets, or services rece		of n	!
(a Line)	(b) Amount involved		(c)		(d) Description of transfers, transaction			ts
						****		-	
		<u>-</u>		-					
								_	
						-		-	
		,.,							
						 			
									
									
						<u> </u>			
	descri	organization directly or in bed in section 501(c) of t ,,' complete the following	he Code (oth	iated with, or ner than section	related to, one or mo on 501(c)(3)) or in se	e tax-exempt organizations tion 527?	► \ Ye	es X	No
		(a)	Soricadio		(b)	(c)			
		Name of organization		Туре	of organization	Description of r	elationship		
								-	
				· - -				_	
					<u> </u>				
								_	
		· · · · ·							
							-		
									
						 			
		· · · · · · · · · · · · · · · · · · ·							
									_
					·	1			

Ganados del Valle 85-0328295		1
Form 990 Part VI, Page 7, Line 90a States Filed In		
New Mexico	_	
Form 990, Page 4, Part IV, Line 58 Other Assets Statement		
Line 58 - Other Assets:	Beginning of Year	End of Year
Grazing permits	44,303.	44,303.
Total	44,303.	44,303.
Form 990, Page 4, Part IV, Line 65 Other Liabilities Statement		
Line 65 - Other Liabilities:	Beginning of Year	End of Year
NM Community Line of Credit		

Total

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

2007

OMB No. 1545-0172

Attachment Sequence No 67

Identifying number

85-0328295

Name(s) shown on return

Ganados del Valle

Business or activity to which this form relates / Form 990EZ Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount. See the instructions for a higher limit for certain businesses 1 \$125,000 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation 3 \$500,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 6 (b) Cost (business use only) (c) Elected cost (a) Description of property Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 q Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year 14 (see instructions) 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 4,315 17 MACRS deductions for assets placed in service in tax years beginning before 2007 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (c) Basis for depreciation (g) Depreciation (a) (b) Month and (d) (e) (f) Method Classification of property year placed in service (business/investment use Convention deduction Recovery period only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L MM S/L i Nonresidential real 39 yrs property MM S/L Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM

the appropriate lines of your return Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (q), and line 21. Enter here and on

Part IV Summary (see instructions) 21 Listed property Enter amount from line 28

23

4,315.

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Form 4562 (2007) Ganados del Valle 85-0328295 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles 24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? Yes No (c) Business/ investment (b) (e) (i) Type of property (list vehicles first) Basis for depreciation (business/investment Depreciation deduction Elected section 179 Date placed Method/ Cost or Recovery period Convention in service other basis use use only) cost percentage Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (c) **(f)** (a) (b) 30 Total business/investment miles driven Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 2 during the year (do not include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) 32 miles driven Total miles driven during the year Add 33 lines 30 through 32 No Yes No Yes Yes No Yes No Yes Yes No Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles | Part VI | Amortization (d) **(f)** (a) (b) (c) (e) Amortization for this year Amortizable Code Amortization Description of costs Date amortization begins amount section period or percentage 42 Amortization of costs that begins during your 2007 tax year (see instructions) 43 Amortization of costs that began before your 2007 tax year 44 44 Total. Add amounts in column (f) See the instructions for where to report