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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2015

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

<u>For</u>	cale	ndaı	r year 2015, or ta	ax year beginning	, 2015	, and ending		,		
			CANYON MIN	NISTRIES			A	Employer identification nu 77-0567845		
			PITAL BLVD 7 89502				L	Telephone number (see ins (775) 322-407		_
							С	If exemption application is	s pending, check here 🕨	
G	Che	ck al	I that apply	Initial return	Initial return of a form	mer public charity	D	1 Foreign organizations, che	eck here • [
				Address change	Name change		l	2 Foreign organizations mee	eting the 85% test, check	_
H	Che		pe of organization		01(c)(3) exempt private		Ī_	here and attach computati	L	J
	Fair r		t value of all assets a		trust Other taxable counting method X		E	If private foundation statu under section 507(b)(1)(A		٦
			II, column (c), line 16	5)	Other (specify)		F	If the foundation is in a 60		_ _
Pa		Δ	nalysis of Re		I, column (d) must be of			under section 507(b)(1)(B		لـ
		Ex co sa	xpenses (The later of the lat	total of amounts in and (d) may not neces nounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	nτ	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
		1	Contributions, gifts, grants	s, etc, received (attach schedule)	36,238.					
		2	Ck ► if the four	ndation is not required to attach Sch	В					
		3	Interest on savings and ter		-					_
		4 5 a	Dividends and interest from Gross rents	m securities						_
		b	Net rental income or (loss)							_
R E V	:		Net gain or (loss) from sal Gross sales price for assets on line 6a							_
E	:	7	Capital gain net inco	ome (from Part IV, line 2)						
N		8 9	Net short-term capital Income modifications	•						
Ē		10 a	Gross sales less returns and allowances.							_
		b	Less Cost of goods sold							_
		-	Gross profit or (loss) (atta							_
		11	Other income (attach	n schedule)						
		12	Total. Add lines 1		36,238.		0.	. 0.		_
		13		icers, directors, trustees, etc	0.					_
		14 15	Other employee sala Pension plans, empl	•	500.			-		_
	_		Legal fees (attach so	=		G=				-
	ÔM	b	Accounting fees (atta	ach sch)		4	2)			_
	Ï	c	Other prof fees (atta	ach sch).						_
O P E R	S	17	Interest	ee instra) SEE STM 1		<u> </u>	, n	183		_
Ę	T R	18 19	Taxes (attach schedule)(se Depreciation (attach	ee instrs) SEE SIM I	191.	MAY	- (6)	9 2016 O -		_
7	Ą	19	schedule) and deplet	tion			<u>ئ</u> ے , .			
T-NG AND	Ϋ́	20	Occupancy			اد بر				_
. Δ	E	21 22	Travel, conferences, Printing and publicat					- =4		_
2 N a D	E X P	23	Other expenses (atta							-
)	E		S	EE STATEMENT 2	820.					
	Š	24	Total operating and		1 511					
	s	25	expenses. Add lines Contributions, gifts, grants		1,511.	-		 	500	_
			Total expenses and Add lines 24 and 25							
	-+	27	Subtract line 26 from	n line 12:	2,011.		0.	0.	500	÷
			Excess of revenue of and disbursements		34,227.					
		b		me (if negative, enter -0-)			0.			_
		С	Adjusted net income	e (if negative, enter -0-)				0.		_

Page 2

Dark	ii) i	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
Part	. 11 _ 6	Dalance Sheets	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing	18,300.	2,527.	2,527.
	2	Savings and tempor	ary cash investments			
	3	Accounts receivable	-			
		Less allowance for	doubtful accounts •			
	4	Pledges receivable	-			
		Less allowance for	doubtful accounts >			
	5	Grants receivable				
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch)			
A	1	Less allowance for	doubtful accounts >			
Š	8	Inventories for sale	or use			
A S S E T	9	Prepaid expenses a	nd deferred charges			
Ġ	10 a	Investments – US obligations (attach s	and state government chedule)			
	b	Investments — corporate	stock (attach schedule)			
	C	: Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment basis	buildings, and			
		Less: accumulated deprec (attach schedule)	elation •			
	12	Investments - mort	gage loans			
	13	Investments - other	(attach schedule)	784,920.	834,920.	834,920.
	14	Land, buildings, and	l equipment			
		Less accumulated depred (attach schedule)				
		Other assets (descri				
	16	Total assets (to be a see the instructions	completed by all filers – Also, see page 1, item l)	803,220.	837,447.	837,447.
	17		nd accrued expenses	333,223		
I A	18	Grants payable				
Ê	19	Deferred revenue				
· ¦	20	Loans from officers, direc	tors, trustees, & other disqualified persons			
Ī	21	Mortgages and other note	s payable (attach schedule)			
ľ	22	Other liabilities (des	cribe •)			п
É	22	Total liabilities (add	l lines 17 through 22)	0.	0.	
	23		llow SFAS 117, check here	0.	0.	
		and complete lines	24 through 26 and lines 30 and 31.			
N F E U		Unrestricted				
T N	25	Temporarily restricte				
A D	26	Permanently restrict	_			
A B S A E L A		and complete lines	o not follow SFAS 117, check here $ ightharpoonup$ 27 through 31.			
E L T A	27	•	orincipal, or current funds			
SŅ	28		, or land, bldg , and equipment fund			
O E	29	Retained earnings, accum	ulated income, endowment, or other funds	803,220.	837,447.	
RS	30		fund balances (see instructions)	803,220.	837,447.	
	31	(see instructions)	net assets/fund balances	803,220.	837,447.	
Par	E III		ges in Net Assets or Fund Balanc		00 / J	
	Total	net assets or fund b	alances at beginning of year — Part II, colu		gree with	903 220
•		or-year figure reporte r amount from Part I,	d on prior year's return) line 27a		2	803,220.
		r amount from Part I, increases not included in li			3	34,227.
		Increases not included in it lines 1, 2, and 3		 -		837,447.
4 5		ases not included in line 2 ((itemize)		5	031,441.
			alances at end of year (line 4 minus line 5)	– Part II, column (b),		837,447.

(a) List and des	cribe the kind(s) of property sold (e.g., house, or common stock, 200 shares M	real estate,	(b) How acquired P — Purchase	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
la N/A			D — Donation	 	
b					
C					
d				<u> </u>	
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain oi (e) plus (f) n	r (loss) ninus (g)
a					
b					
<u>C</u>					
d e					
	showing gain in column (h) and owned l	by the foundation on 12/31	/69	412.00 40.1	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(I) Gains (Co gain minus col. (k), l ian -0-) o r Losses (f	but not less
a					
b					
c					
d					
e				T	<u> </u>
2 Capital gain net income o	r (net capital loss)If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2		
3 Net short-term capital gair	n or (loss) as defined in sections 1222(5	o) and (6)			
	I, line 8, column (c) (see instructions) I	f (loss), enter -0-	-		
Part V Qualification U	nder Section 4940(e) for Reduce	d Tay on Not Investm	3	<u> </u>	
	ave this part blank e section 4942 tax on the distributable a t qualify under section 4940(e) Do not d		pase period?	Yes	No
1 Enter the appropriate amount	nt in each column for each year, see the in	structions before making any	entries	<u> </u>	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets (col	(d) Distribution (b) divided by	
2014					
2013					
2012					
2011					
2010					
2 Total of line 1, column (d)			2		
3 Average distribution ratio	for the 5-year base period — divide the dation has been in existence if less than	total on line 2 by 5, or by t 5 years	<u> </u>		
4 Enter the net value of non	ncharitable-use assets for 2015 from Par	t X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution	ns from Part XII, line 4		8		
	er than line 7, check the box in Part VI, line	1b, and complete that part u	using a 1% tax r	ate. See the	

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

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8b X

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

(or designate) of each state as required by General Instruction G? If 'No,' attach explanation

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address • N/A			
14		- <u>322-</u>	1073	- -
15	Located at 1330 CAPITAL BLVD. RENO NV ZIP + 4 89502 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/	<u> </u>	
13	and enter the amount of tax-exempt interest received or accrued during the year	4.5		∐ N/A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a		Yes	No
	bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 8	a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	٩		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	o		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes XN	0		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No.	•		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No.	0		
1	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	11	N	/A
	Organizations relying on a current notice regarding disaster assistance check here			
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	10		x_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
i	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? X Yes	,		
	If 'Yes,' list the years ► 20 <u>1</u> <u>4</u> , 20 <u>1</u> <u>3</u> , 20 , 20			
1	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)	21	x	
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1	
	► 20 , 20 , 20 , 20 .			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X N	0		
4	b If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	31	N,	/A
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 8		Х
. I	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	41		х
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Part VII-B Statements Regarding Activit		<u>1 4720 May Be Req</u>	uired (continued)		
5 a During the year did the foundation pay or incu	•				
(1) Carry on propaganda, or otherwise attemption	ot to influence legislatio	n (section 4945(e))?	☐ Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	∐ Yes [X	No	
(4) Provide a grant to an organization other t in section 4945(d)(4)(A)? (see instructions	han a charitable, etc, oi s)	rganization described	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific on of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or if (see instructions)?			tions	5 b	N/A
Organizations relying on a current notice rega	irding disaster assistant	ce check here	▶ []		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex isibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)			
6 a Did the foundation, during the year, receive a on a personal benefit contract?			∐Yes X	No .	
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b	X
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the foun	dation a norty to a prob	whited toy chalter trans-	otion? Dyes [v]	.	
b If 'Yes,' did the foundation receive any proces	• •			No	
Part VIII Information About Officers, D				• / • •	
and Contractors	,,	· oamaaton mana	go. 5,gy . a.a =	pioyees	•
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other all	
ARMANDO J FLOCCHINI JR.	PRESIDENT	0.	0.		0.
1330 CAPITAL BLVD.	1.00				
RENO, NV 89502	SECRETARY				
MARYLOU FLOCCHINI	1.00	0.	0.		0.
_1330 CAPITAL BLVD RENO, NV 89502	1.00				
JOHN FLOCCHINI	TREASURER	0.	0.	<u> </u>	0.
1330 CAPITAL BLVD.	1 NEASONEK	0.	0.		0.
RENO, NV 89502					
		<u> </u>			
2 Compensation of five highest-paid employees (o					
(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 other all	account, owances
NONE					
	-				
		-			
	ļ. — <u>-</u>				
Total number of other employees paid over \$50,000	<u> </u>		•		0
Total number of other employees paid over 400,000	TEE 403061 14	24045		Form 900 B	<u> </u>

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Form	990-PF (2015) MISSION CANYON MINISTRIES	77-05	67045 Dage
	Information About Officers, Directors, Trustees, Four and Contractors (continued)		
3	Five highest-paid independent contractors for professional services (see	instructions). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	IE		
Tota	number of others receiving over \$50,000 for professional services		0
Par	Summary of Direct Charitable Activities		
List th	e foundation's four largest direct charitable activities during the tax year. Include relevant statistic zations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1	N/A		
-			
2			
3			
3			
			
4			
			<u> </u>
Par	tilx-B Summary of Program-Related Investments (see instru	uctions)	
Desc	ribe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2.	Amount
1			
	<u>N/A</u>		
2			
-			

1 N/A
2
All other program-related investments See instructions.
3
Total. Add lines 1 through 3

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	see instructions.)		
1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: Average monthly fair market value of securities	1 a	
b	Average of monthly cash balances	1 b	6,856.
C	Fair market value of all other assets (see instructions)	1 c	
c	Total (add lines 1a, b, and c)	1 d	6,856.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation) 1 e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,856.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	103.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,753.
6	Minimum investment return. Enter 5% of line 5.	6	338.
Par	t XI Distributable Amount (see instructions) (Section 4942(J)(3) and (J)(5) private opera and certain foreign organizations check here ► ☐ and do not complete this part.)	ting f	oundations
1	Minimum investment return from Part X, line 6	1	338.
2 8	Tax on investment income for 2015 from Part VI, line 5		
t	Income tax for 2015 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	338.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	338.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	338.
Par	Qualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	500.
	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the solution in the same of the solution in the same of the solution is a solution in the solution is a solution in the solution in the solution is a solution in the solution is a solution in the solution is a solution in the solution in the solution is a solution in the solution is a solution in the solution in the solution is a solution in the solution in the solution is a solution in the solution in the solution is a solution in the solution in the solution in the solution is a solution in the solution in the solution in the solution is a solution in the solution in the solution in the solution is a solution in the solution in the solution in the solution is a solution in the solution in the solution in the solution is a solution in the solution in the solution in the solution is a solution in the solution in the solution in the solution is a solution in the solution is a solution in the soluti	- За	
t	Cash distribution test (attach the required schedule).	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				338.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			511.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e.	0.			
4 Qualifying distributions for 2015 from Part				
XII, line 4 ► \$				
a Applied to 2014, but not more than line 2a			500.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus				··- · · · · · · · · · · · · · · · · · ·
(Election required — see instructions)	0.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
.,,				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed		0.		
income for which a notice of deficiency has				
been issued, or on which the section 4942(a) tax has been previously assessed		0.		
· · · · · · · · · · · · · · · · · · ·			<u></u>	
d Subtract line 6c from line 6b Taxable amount – see instructions.		0.		
- Hadistributed income for 2014. Subtract line As from				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount — see instructions.			11.	
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2016				338.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions).	<u> </u>			
8 Excess distributions carryover from 2010 not				
applied on line 5 or line 7 (see instructions)	0 <u>.</u>			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9	0.			
a Excess from 2011		İ		
b Excess from 2012			-	
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				
C 270000 HOIH 2010				Form 000 DE (0015)

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Part XIV. Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2015, enter the date of the	rmination letter that ruling	it is a private operat	ing foundation, and the	e ruling ►	
b Check box to indicate whether the foundat		rating foundation d	lescribed in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c			:		
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	10			45.000	
Part XV Supplementary Information assets at any time during th	e year — see in	part only if the structions.)	toundation had	\$5,000 or more	ın
Information Regarding Foundation Managers of the foundation who have close of any tax year (but only if they have ARMANDO J FLOCCHINI JR.	e contributed more the contributed more	than \$5,000) (See	section 507(d)(2))		
b List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a 1	stock of a corporation O% or greater interest	n (or an equally large est	portion of the owners	ship of
2 Information Regarding Contribution, Gran Check here X if the foundation only ma requests for funds. If the foundation make complete items 2a, b, c, and d.	ikes contributions to s gifts, grants, etc	preselected charitable (see instructions) to	le organizations and do o individuals or organ	nizations under othe	
a The name, address, and telephone number of	r e-mail address of th	ne person to whom a	pplications should be	addressed	
b The form in which applications should be	submitted and infor	mation and materia	als they should includ	le	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charita	ble fields, kinds of in	estitutions, or other	factors
			<u></u>		
		·	·		

Page 11

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
a Paid during the year				-
				:
		,		
		•		
			İ	
			İ	
Total			1 > 3 a	
b Approved for future payment		Ī		
b Approved for future payment				
		1		
				1
Total	<u> </u>	L	► 3b	
ı Ulai			- 30	71

D-4VV	I A A	!	(Producing	A -41, .141
Partiku	1-4 Ar	เสเบรเร ก	I Income-k	rooucina.	ACTIVITIES
		WI 7 JIJ V		104401114	70111110

Enter	gross amounts unless otherwise indicated	Unrelated	business income	Excluded	i by section 512, 513, or 514	<u> </u>
•	Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)
а						
b						
С		1				
d						
е		<u> </u>				
f						
	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			_		
5	Net rental income or (loss) from real estate	1-				· · · · · · · · · · · · · · · · · · ·
_	Debt-financed property	· · · · · · · · · · · · · · · · · · ·		+		
	Not debt-financed property	-		+		
6	Net rental income or (loss) from personal property	· · · · · · · · · · · · · · · · · · ·	 	_		
7	Other investment income			-	·	
•	Gain or (loss) from sales of assets other than inventory			+		
8	Net income or (loss) from special events			+		
9	Gross profit or (loss) from sales of inventory	 		+		
10		 				
11	Other revenue.	 				
a		 		+		
b		-				
Q.				-		
0		 -				
е						
12	Subtotal Add columns (b) (d) and (e)					
	Subtotal Add kno 12 columns (b), (d), and (e)			<u> </u>	13	
13	Total. Add line 12, columns (b), (d), and (e)	tions)			13	0.
13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated			. =		0.
13 (See	Total. Add line 12, columns (b), (d), and (e)		hment of Exem	pt Purpe		0.
13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the	e Accomplis			oses	
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated	e Accomplis			oses	
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accomplis			oses	
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the	e Accomplis			oses	
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accomplis			oses	
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13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accomplis			oses	
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13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accomplis			oses	
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accomplis			oses	
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13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accomplis			oses	
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accomplis			oses	
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13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accomplis			oses	
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accomplis			oses	
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accomplis			oses	ly to the instructions)

No

Yes

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								162	NO
desc	the organization directly cribed in section 501(c) ing to political organiza	of the Code (ot	ngage in any of the state of th	the following wit 501(c)(3) organ	tn any other organizati nizations) or in section	on 527,			
	sfers from the reporting		a noncharitable	exempt organiza	ation of				
(1)	Cash						1 a (1)		X
(2)	Other assets						1 a (2)		Х
b Othe	er transactions								_
(1)	Sales of assets to a nor	ncharitable exe	mpt organization	1			1 b (1)		X
(2)	Purchases of assets fro	m a noncharita	ble exempt orga	nızatıon			1 b (2)		Х
(3)	Rental of facilities, equi	pment, or other	r assets				1 b (3)		X
(4)	Reimbursement arrange	ements					1 b (4)		X
` '	Loans or loan guarantee						1 b (5)		X
	Performance of services						1 b (6)		<u>X</u>
c Sha	ring of facilities, equipm	nent, mailing lis	its, other assets,	or paid employ	ees		1 c		X
d If the quart	e answer to any of the a goods, other assets, or se transaction or sharing a	above is 'Yes,' rvices given by t arrangement, st	complete the foll the reporting foun- how in column (c	lowing schedule dation. If the four i) the value of th	Column (b) should a ndation received less that goods, other assets	lways show the fair r an fair market value in , or services receive	narket vali d	ue of	
(a) Line no	. (b) Amount involved	(c) Name o	of noncharitable exem	pt organization	(d) Description of tra	ansfers, transactions, and	sharing arrar	gement	s
N/A				<u></u>		- - -			
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	<u> </u>	<u> </u>			<u> </u>				
2 a ls th	e foundation directly or in cribed in section 501(c)	idirectly affiliated of the Code (of	d with, or related to ther than section	o, one or more ta 501(c)(3)) or in	ax-exempt organizations Lisection 527?		∏Yes	χI	Nο
	es,' complete the follow		and than section	. 551 (5)(5)) 51 111	- 5550011 52 7		□¹es	₾'	10
9 11 1	(a) Name of organizat		(b) Type	of organization		c) Description of rela	tionship		
A\N	(2) v. v. gamzac		(2) 1)		·	,			
/		-							
	· · · · · · · · · · · · · · · · · · ·				-				
									
Ur	der penalties of perjury, I decla	ire that I have exami	ined this return, includ	ing accompanying sc	hedules and statements, and	to the best of my knowledge	and belief, it	ıs true,	
Sign ^{co}	rrect, and complete Declaration	n of preparer (other f	tnan taxpayer) is base	a on all information o	or which preparer has any kno	wieage	May the IF	28 dina	
lere	06 1	0		150	, DDD0		this return	with the	е
	OTHE	OUN	uno	Date	PRESIDENT		. (see ı <u>pst</u> rı	uctions):	ጎ ¦
	Signature of office of trustee	ume			Date,	<u> </u>	PTIN	Yes	No
	Print/Type preparer's na		Preparer's s	1) 6 1	のしのしょうコント	Check if			
Paid	KAREN ROCKWI		nare	1,100,000	MAH 112 111	self-employed	P00166	808	
repare	· [_	CRAWFORD F		RPORATION		Firm's EIN ► 45-41	28109		
Jse Onl	<i>,</i>	2150 TRADE		SUITE 299)	-			
		SAN JOSE,	CA 95131			Phone no (408)	942-6		
BAA							Form 990	-PF (2	2015)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization		Employer identification number
MISSION CANYON MINISTRIES		77-0567845
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	I
	4947(a)(1) nonexempt charitable trust not to	reated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General R	Rule and a Special Rule See instructions
General Rule		
	Z, or 990-PF that received, during the year, contrite Parts I and II. See instructions for determining	ibutions totaling \$5,000 or more (in money or
property) from any one contributor Comple	te Parts I and II. See instructions for determining	g a contributor's total contributions
Special Rules		
For an organization described in section 50	1(c)(3) filing Form 990 or 990 EZ that met the 33 that checked Schedule A (Form 990 or 990 EZ), Par	3-1/3% support test of the regulations
received from any one contributor, during the	ne vear, total contributions of the greater of (1) \$	55,000 or (2) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 99	U-EZ, line i Complete Parts I and II	
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that than \$1,000 exclusively for religious, charitable,	at received from any one contributor,
during the year, total contributions of more	than \$1,000 <i>exclusively</i> for religious, charitable, ochildren or animals. Complete Parts I, II, and II	scientific, literary, or educational
purposes, or for the prevention of crucky to	complete rates i, ii, and ii	'
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ tha	at received from any one contributor
during the year, contributions exclusively fo	r religious, charitable, etc., purposes, but no suc	ch contributions totaled more than
	ne total contributions that were received during the	
	any of the parts unless the General Rule applies ble, etc., contributions totaling \$5,000 or more du	
ic received richeral actively tengledes, endined	, oto , oto , and the total g	
Caution. An organization that is not covered by	the General Rule and/or the Special Rules does	not file Schedule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it does not meet the	ie 2, of its Form 990, or check the box on line H e filing requirements of Schedule B (Form 990, 9	90-EZ, or 990-PF)
BAA For Paperwork Reduction Act Notice, see the Instru	uctions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

,			
	B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1 of 1 of Part
Name of org	anization ON CANYON MINISTRIES		r identification number 567845
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	-	307043
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AJ FLOCCHINI JR 1330 CAPITAL BLVD RENO, NV 89502	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ARMAND AGRA, INC. 1330 CAPITAL BLVD RENO, NV 89502	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LENA FLOCCHINI 1330 CAPITAL BLVD RENO, NV 89502	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions Part II for noncash contributions
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

Payroll Noncash

(Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Employer identification number

MISSION CANYON MINISTRIES

77-0567845

(a) Na	(h)	(c)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
	N/A		
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
_ _		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
	<u></u>	\$ 	L

of Part III

lame of organiz	ation	
MISSION	CANYON	MINISTRIES

Employer identification number 77-0567845

(a) No. from Part I	Use duplicate copies of Part III if additional (b) Purpose of gift N/A	space is needed (c) Use of gift	(d) Description of how gift is held	N/A	
				<u>-</u> -	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee			

2015

FEDERAL STATEMENTS

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MISSION CANYON MINISTRIES

77-0567845

STATEMENT 1 FORM 990-PF, PART I, LINE 18

STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

(B) NET (C) ADJUSTED CHARITABLE EXPENSES INVESTMENT INCOME NET INCOME PER BOOKS PURPOSES \$ BANK FEES 12. 80<u>8.</u> SUPPLIES 820. 0. TOTAL \$

STATEMENT 3 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: DONEE'S NAME:

DONEE'S ADDRESS:

CHARITABLE GENERAL DIOCESE OF CHENYENNE 2121 CAPITOL AVE CHEYENNE WY 82001

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

501(C)(3) PUBLIC CHARITY

TOTAL \$ 500.

500.

STATEMENT 4
FORM 990-PF, PART VII-A, LINE 10
SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

ARMANDO J FLOCCHINI JR

1330 CAPITAL BLVD RENO, NV 89502

ARMAND AGRA, INC.

1330 CAPITAL BLVD RENO, NV 89502 2015

FEDERAL STATEMENTS

PAGE 2

MISSION CANYON MINISTRIES

77-0567845

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART VII-A, LINE 10
SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

ST GERMAN SCHOOL

997 EAST DANA DR PRESCOTT VALLEY, AZ 86314

LENA FLOCCHINI

1330 CAPITAL BLVD RENO, NV 89502