

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-PF

Return of Private Foundation

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

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

, 2016, and ending

Department of the Treasury

For calendar year 2016 or tax year beginning

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

OMB No 1545-0052 2016 Open to Public Inspection

20

Name of foundation Gamez Family Foundation Inc A Employer identification number aka Gualberto Gamez, Director 84-1505990 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 25 Cherry Hills Park Dr (877)829-5500 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Cherry Hills Village, CO 80113 G Check all that apply. Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation · · H Check type of organization. | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method X Cash Accrual If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here . . . line 16) ▶ \$ 1,033,223 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements for charitable (a) Revenue and amounts in columns (b), (c), and (d) may not necessarily equal (b) Net investment (c) Adjusted net expenses per books purposes ıncome income the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 456,500 2 if the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 121 121 121 Dividends and interest from securities Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 27,834 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . . 27,834 Net short-term capital gain 52,84d Income modifications . .

	Iva	Gross sales less returns and allowances .	I		ł.,,, .,, .,,, .,,, .,, .,, .,., .,.	
	b	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	484,455	27,955	52,961	
	13	Compensation of officers, directors, trustees, etc				
es	14	Other employee salanes and wages	/			
Expenses	15	Pension plans, employee benefits				
ĝ,	16a	Legal fees (attach schedule)				
	ь	Accounting fees (attach schedule) STM108	1,564	1,564	1,564	
Ž	С	Other professional fees (attach schedule) STM109	180	180	180	
ā	17	Interest		9		
Administrative	18	Taxes (attach schedule) (see instructions)	VED			
בֿ	19	Depreciation (attach schedule) and depletion	AFPO			
ğ	20	Occupancy	2017			
and /	21	Travel, conferences, and meetings JUL: 2 0	2017 9			
	22	Printing and publications	اکرا ا			
gu	23	Other expenses (attach schedule)	, 01 -			
perating	24	Total operating and administrative expenses.				
be		Add lines 13 through 23	1,744	1,753	1,744	0
ם	25	Contributions, gifts, grants paid	57,263			57,263
	26	Total expenses and disbursements. Add lines 24 and 25 .	59,007	1,753	1,744	57,263
	27	Subtract line 26 from line 12:				
	а	Excess of revenue over expenses and disbursements .	425,448			
	b	Net investment income (if negative, enter -0-)		26,202		
	C	Adjusted net income (if negative, enter -0-)			51,217	
or	Paper	work Reduction Act Notice, see instructions.			619 F	orm 990-PF (2016)

Page 2

Part il	Balance Sheets Attached schedules and amounts in the description column	ance Sheets Attached schedules and amounts in the description column Beginning of year		End of year		
- 441 (2	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bearing					
2	Savings and temporary cash investments	373,985	866,355	866,355		
3	Accounts receivable		· · · · · · · · · · · · · · · · · · ·			
	Less: allowance for doubtful accounts					
4	Pledges receivable					
	Less: allowance for doubtful accounts ▶					
5	Grants receivable			 		
6	Receivables due from officers, directors, trustees, and other					
1	disqualified persons (attach schedule) (see instructions)					
7	Other notes and loans receivable (attach schedule)	. ;		······································		
ł	Less: allowance for doubtful accounts	}				
8 S	Inventories for sale or use			 		
Assets	Prepaid expenses and deferred charges					
₹ _{10a}						
Ь	Investments - corporate stock (attach schedule) STM137	481,437	346,066	166,868		
		1027157	320,000	100,000		
11	Investments - land, buildings, and equipment basis ▶		· · · · · · · · · · · · · · · · · · ·			
1	Less accumulated depreciation (attach schedule)	†				
12	Investments - mortgage loans					
13	Investments - other (attach schedule)					
14	Land buildings and secumments basis.	 				
14	Land, buildings, and equipment: basis	1				
145	Less. accumulated depreciation (attach schedule)					
15	Other assets (describe					
16	Total assets (to be completed by all filers - see the	1				
	ınstructions Also, see page 1, item I)	855,422	1,212,421	1,033,223		
17	Accounts payable and accrued expenses					
φ 18	Grants payable					
<u>₽</u> 19	Deferred revenue					
20 21 21 21 21 21 21 21 21 21 21 21 21 21	Loans from officers, directors, trustees, and other disqualified persons					
<u>e</u> 21	Mortgages and other notes payable (attach schedule)					
22	Other liabilities (describe STM121)	68,449				
23	Total liabilities (add lines 17 through 22)	68,449	0			
Se	Foundations that follow SFAS 117, check here					
일 24	Unrestricted	İ				
24 25	Temporanly restricted					
	Permanently restricted					
일	Foundations that do not follow SFAS 117, check here					
エ	and complete lines 27 through 31.					
ර් ₂₇	Capital stock, trust principal, or current funds					
S 28	Paid-in or capital surplus, or land, bldg., and equipment fund					
SS 29	Retained earnings, accumulated income, endowment, or other funds	786,973	1,212,421			
Net Assets or Fund B 22 30 31	Total net assets or fund balances (see instructions)	786,973	1,212,421			
2 31	Total liabilities and net assets/fund balances (see	100,913	1,414,741			
1	instructions)	855,422	1,212,421			
Part III	Analysis of Changes in Net Assets or Fund Balance		1,212,421			
	net assets or fund balances at beginning of year - Part II, column (a), line 3					
				500 000		
	f-year figure reported on prior year's return)		 	786,973		
	amount from Part I, line 27a			425,448		
	4.0 . 10		3			
	nes 1, 2, and 3	• • • • • • • • • • • • • • • • • • • •	} }	1,212,421		
Decre	ases not included in line 2 (itemize)		5			

Part IV Capital Gains	s and Losses for Tax on Inv	estment inco					
	ribe the kind(s) of property sold (e g , real arehouse, or common stock, 200 shs MLC		(b) How acquired P-Purchase D-Donation	(c) Date a	ay, yr)	(d) Date sold (mo , day, yr)
1a Charles Schwab	securities		\Box	P	L		
b Charles Schwab	securities			P			11-01-2016
c E*Trade Pinanci	al Securities - GASL		\perp	P	10-21-	2014	09-15-2016
d E*Trade Financi	al Securities			P			<u> </u>
<u> </u>	····						<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost of plus exp					ain or (loss) (f) minus (g)
a 50,883				61,665			(10,782)
b 856,814				864,162			(7,348)
c 76				14,300			(14,224)
d 993,193				933,005			60,188
e	<u> </u>	<u> </u>					
Complete only for assets sh	owing gain in column (h) and owned b	y the foundation or	n 12/	/31/69	(1) Gains (C	Col (h) gain mınus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce			ငဝါ်	(k), but no	ot less than -0-) or (from col. (h))
a							(10,782)
b							(7,348)
C							(14,224)
d							60,188
е							
2 Capital gain net income or (r	net canital loss)	Iso enter in Part I, enter -0- in Part I,		,	2		27,834
3 Net short-term capital gain c	r (loss) as defined in sections 1222(5)						· · · · · · · · · · · · · · · · · · ·
	ne 8, column (c) (see instructions) If (• •		. 1			
] }	3		52,840
	Under Section 4940(e) for R		n N	let Investm	ent Inco	me	
	section 4942 tax on the distributable qualify under section 4940(e). Do not			he base penod	>		Yes X No
1 Enter the appropriate amour	nt in each column for each year; see the	ne instructions befo	ore n	naking any entri	es.		
(a) Base period years Calendar year (or tax year begini	(b) Adjusted qualifying distributio	ns Net value	of no	(c) ncharitable-use a	ssets		(d) stribution ratio) divided by col (c))
2015	31,	200		519,	364	0	.060073
2014	30,	000		393,	406	0	.076257
2013	18,	753		163,	358	0	.114797
2012	1,	220		169,	868	0	.007182
2011	2,	000		27,	120	0	.073746
2 Total of line 1, column (d) .			•		2	0	.332056
3 Average distribution ratio for	the 5-year base period - divide the to			the		T	
-	ion has been in existence if less than	•	-		3	o	.066411
4 Enter the net value of nonch	aritable-use assets for 2016 from Part	t X, line 5			4	 	756,618
5 Multiply line 4 by line 3					5	<u> </u>	50,248
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b)				6		262
7 Add lines 5 and 6					. 7		50,510
8 Enter qualifying distributions	from Part XII, line 4				8		57,263
	than line 7, check the box in Part VI,					e. See th	

Form	990-PF (2016) Gamez Family Foundation Inc 84-15059	90	P	age 4			
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst	ructio	ns)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)						
b Domestic foundations that meet the section 4940(e) requirements in Part V, check							
	here ► X and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of						
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . 2			0			
3	Add lines 1 and 2			262			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			262			
6	Credits/Payments ·						
a	2016 estimated tax payments and 2015 overpayment credited to 2016						
b	Exempt foreign organizations - tax withheld at source						
C	Tax paid with application for extension of time to file (Form 8868) 6c						
_d	Backup withholding erroneously withheld						
7	Total credits and payments Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			262			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded 11						
	rt VII-A Statements Regarding Activities		V				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X			
h	participate or intervene in any political campaign?	1a					
U	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?						
	•	1b		<u>X</u>			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.						
_	Did the foundation file Form 1120-POL for this year?	1c		Х			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	''					
~	(1) On the foundation \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
-	on foundation managers. > \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х			
	If "Yes," attach a detailed description of the activities	<u> </u>					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	-				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X			
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1					
	conflict with the state law remain in the governing instrument?	6	X				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	СО						
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	8b	X	<u> </u>			
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	1					
46	complete Part XIV	9		X			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1	37				
	names and addresses STM114	1 10 '	I	1			

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

If "Yes," did it have excess business holdings in 2016 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

foundation had excess business holdings in 2016)

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

...

3b

4a

Form 990-PF (2016)

X

3a

	990-PF (2016) Gamez Family Foundat						84-1505		Page 6
Pa	rt VII-B Statements Regarding Activitie	s for \	Which Form	n 4720	May Be	Requi	red (continued)		
5a	During the year did the foundation pay or incur any arr	ount to	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
	(1) Carry on propaganda, or otherwise attempt to influ	ience le	gislation (section	n 4945(e))?	[Yes X No	1 1	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on,									
directly or indirectly, any voter registration drive?									
	(3) Provide a grant to an individual for travel, study, o					-	Yes X No		
	(4) Provide a grant to an organization other than a ch								
						[Yes X No		
	(5) Provide for any purpose other than religious, char								
	purposes, or for the prevention of cruelty to children		-			۲	Yes X No		
h	If any answer is "Yes" to 5a(1)-(5), did any of the trans					_			
							J III	5b	1
	Regulations section 53 4945 or in a current notice regulations section 53 4945 or in a current notice regulation.	_						30	
_	Organizations relying on a current notice regarding dis							1 1	
С						٦			
	because it maintained expenditure responsibility for th	_				[Yes No		
_	If "Yes," attach the statement required by Regulations								
6a	Did the foundation, during the year, receive any funds			pay pre	emiums	г	T., .		
	on a personal benefit contract?					٠. [Yes X No		
b	Did the foundation, during the year, pay premiums, dir	ectly or i	ndirectly, on a	persona	l benefit con	ract?		6b	X
	If "Yes" to 6b, file Form 8870					-			
7a	At any time during the tax year, was the foundation a	party to a	a prohibited tax	shelter	transaction?	Ĺ	Yes X No		
b								7b	
Par	t VIII Information About Officers, Dire	ectors,	Trustees,	Found	dation Ma	nager	s, Highly Paid	Emplo	yees,
	and Contractors								
_1_L	ist all officers, directors, trustees, foundation mana	igers an	d their compe	nsation	(see instru	ctions).			
	(a) Name and address		e, and average rs per week		ompensation of paid,		Contributions to byee benefit plans		nse account,
	(a) Name and address		ed to position		iter -0-)		erred compensation	other a	allowances
Gua:	lberto Gamez	Direc	tor						
25 (Cherry Hills Park Dr, CO 80113		1.00		0		0		0
	via Gamez	Direc	tor						
25 (Cherry Hills Park Dr, CO 80113		1.00		0		o		0
-						 			
		1				1	ĺ		
2 (ompensation of five highest-paid employees (other	than th	ose included	on line	1 - see instr	uctions	If none enter		
	NONE."	tilaii ti	iose included	On mie	1 - 366 11130	uctions	. II IIOII o , entei		
	NOTE.		·		l		(d) Contributions to		
	(a) Name and address of each employee paid more than \$50	000	(b) Title, and a hours per w		(c) Compe	nation	employee benefit		nse account,
	(a) Name and address of each employee paid more than 400	,000	devoted to po		(c) Compe	isauon	plans and deferred compensation	other a	illowances
NON	7								
NON	•								
					·			·	
					}				
			ļ		}				
	····				ļ				
					1	-	ļ		
					<u> </u>				
Total	number of other employees paid over \$50,000	<u></u>	<u>.</u>	<u>.</u> .	<u> </u>		▶		0
EEA	- · · · · · · · · · · · · · · · · · · ·							Form 99	0-PF (2016)

Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	lation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional services (see instru	ctions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ical information such as the number of	Expenses
1 None this year		
2		
3		
, 		
4		
Part IX-B Summary of Program-Related Investments (see instruc	ctions)	
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 None this year		
		(
2		
	<u> </u>	
All other program-related investments. See instructions		
3		

84-1505990

Page 7

Form 990-PF (2016)

Form 990-PF (2016)

Total. Add lines 1 through 3

EEA

Gamez Family Foundation Inc

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	toundati	ons,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	4-	105 260
a	Average monthly fair market value of securities	1a	185,268
ь	Average of monthly cash balances	1b	582,872
C	Fair market value of all other assets (see instructions)	1c	760 140
d	Total (add lines 1a, b, and c)	1d	768,140
е	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)		0
2	Acquisition indebtedness applicable to line 1 assets	2	7.60 140
3	Subtract line 2 from line 1d	3	768,140
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		11 500
_	Instructions)	4	11,522
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	756,618
6	Minimum investment return. Enter 5% of line 5	6_[37,831
ra	Distributable Amount (see instructions) (Section 4942(J)(3) and (j)(5) private operating f	oundatio	ns
_	and certain foreign organizations check here ▶ and do not complete this part.)		25.021
1	Minimum investment return from Part X, line 6	1	37,831
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI)		262
C	Add lines 2a and 2b	2c	262
3	Distributable amount before adjustments Subtract line 2c from line 1	3	37,569
4	Recoveries of amounts treated as qualifying distributions	4	27 560
5	Add lines 3 and 4	5	37,569
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,	_	25 560
	line 1	7_	37,569
Pa	TXII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	57,263
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	57,263
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	262
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	57,001
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundatio	
	qualifies for the section 4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)	tions)		84-1505990	Page 9
Distributable amount for 2016 from Part XI, line 7	(a) Corpus	(b) Years pnor to 2015	(c) 2015	(d) 2016
2 Undistributed income, if any, as of the end of 2016:				37,569
a Enter amount for 2015 only		ļ ["]		
b Total for prior years:				
3 Excess distributions carryover, if any, to 2016	· · · · · · · · · · · · · · · · · · ·			***************************************
a From 2011				
b From 2012		į		
c From 2013	1	1	-	
d From 2014				
e From 2015				
f Total of lines 3a through o		j		
oral of mice of mought e	1,836			
line 4 b 0				***************************************
a Applied to 2015, but not more than line 2a				
h Applied to understand and in a 2a			}	
b Applied to undistributed income of prior years			· · · · · · · · · · · · · · · · · · ·	
(Election required - see instructions)			1	
c Treated as distributions out of corpus (Election			,	
required - see instructions)				
d Applied to 2016 distributable amount		''' ,''' '''' 	"+ "' - 4" - 4 4 4 	35 560
e Remaining amount distributed out of corpus	19,694			37,569
5 Excess distributions carryover applied to 2016		","" , ", ", ", ", ", ", ", ", ", ", ", 	,	
(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		1		
indicated below:]		
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	21,530]		
b Prior years' undistributed income Subtract	····			
line 4b from line 2b				
c Enter the amount of prior years' undistributed			·····	
income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed		1		
d Subtract line 6c from line 6b. Taxable			······································	********
amount - see instructions				
e Undistributed income for 2015. Subtract line				
4a from line 2a Taxable amount - see				
instructions				
f Undistributed income for 2016. Subtract lines				
4d and 5 from line 1. This amount must be		1		-
distributed in 2017				
7 Amounts treated as distributions out of corpus				0
to satisfy requirements imposed by section			" "	
170(b)(1)(F) or 4942(g)(3) (Election may be			1	
required - see instructions)			1	
B Excess distributions carryover from 2011 not				
applied on line 5 or line 7 (see instructions)				
Excess distributions carryover to 2017.				
Subtract lines 7 and 0.5		1		
Analysis of line 9:	21,530	<u> ,</u>		
a Excess from 2012		1		- turnian turn
b Excess from 2013	***	1	‡	
C Evenes from 2014		•		
d Evenes from 2045		1		
5 Evenes 6 2042		1	1	
19,694		!	Ī	

Gualberto Gamez, Silvia Gamez

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NA

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here \blacktriangleright X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include:
- Any submission deadlines.
- d Any restrictions or limitations on awards, such as by geographical areas, chantable fields, kinds of institutions, or other factors:

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Archbishop's Catholic Appeal				
1300 S Steele St			Catholic	
Denver, CO 80210	Unaffiliated	EOF	Foundation Appeal	17,42
Holy Ghost Church		ļ		
1900 California St			Programs to	
Denver, CO 80202	Unaffiliated	PC	assist poor	22,42
				,
Eternal Word Television Network			Support of	
5017 Old Leed Rd	ļ	1	network charity	
Birmingham, AL 35210	Unaffiliated	PC	programming	17,42
	1			
		ļ		
		}		
		j		
		ļ		
	,			
Total			▶ 3a	57,26
Approved for future payment				
			İ	
				,
		ļ		
		1		
			1	

	amounts unless otherwise indicated		husanes income	Evaluded by s	ection 512 513 or 514	(e)
	amounts unless otherwise indicated	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program	n service revenue.	code				
a		 	 · · · ·	 		
		 		 		
		 		 		
		\ -		 		
e		 		 		
g Fees	s and contracts from government agencies			 		
_	rship dues and assessments			+		
	t on savings and temporary cash investments	 		14	121	
	ds and interest from securities	ļ -		1		
	tal income or (loss) from real estate:					
	t-financed property	f		<u> </u>		
	debt-financed property			1		
	tal income or (loss) from personal property			1		
	estment income			 		
	(loss) from sales of assets other than inventory			18	27,834	
	ome or (loss) from special events			 		
	profit or (loss) from sales of inventory					
11 Other re	•					
b						
c				1		
d						
е						
12 Subtota	al. Add columns (b), (d), and (e)				27,955	
13 Total.	Add line 12, columns (b), (d), and (e)				13	27,95
	heet in line 13 instructions to verify calculations.)					
Part XV	-B Relationship of Activities to the					
Line No. ▼	Explain below how each activity for which inc accomplishment of the foundation's exempt p				•	
03	N/A					
04	N/A				 	
08	N/A					
	T		 			

		Exempt Org	ganizations									
1 1	Old the or	ganization direc	tly or indirectly engag	ge in any of the following with	any other org	anization des	cribed				Yes	No
	n section	501(c) of the Co	ode (other than section	on 501(c)(3) organizations) or	in section 52	7, relating to	political					
	organizati			,,,,		•						
	_		ng foundation to a no	ncharitable exempt organizati	on of:							1
	1) Cash	•	_							1a(1)		X
	2) Other									1a(2)		X
	•	assetions:								1.0(2)		 -
_										45/4	•	v
				organization						1b(1)	 -	X
				exempt organization						1b(2)	<u> </u>	
				sets						1b(3)		X
										1b(4)		X
		_								16(5)		X
(6) Perfor	rmance of service	ces or membership or	r fundraising solicitations .						1b(6)		X
c :	Sharing of	f facilities, equip	ment, mailing lists, of	ther assets, or paid employee:	s					1c	<u> </u>	X
d l	f the ansv	wer to any of the	above is "Yes," com	plete the following schedule.	Column (b) si	hould always	show th	e fair r	narket			
,	alue of th	ne goods, other	assets, or services g	iven by the reporting foundation	on. If the foun	dation receiv	ed less i	han fa	r marke	t		
			=	nt, show in column (d) the value								
(a) Line		mount involved		charitable exempt organization		cription of trans					angeme	ents
1-7	337.5											
												
												
												
												
												
	l	{										
	_											
	_ }										•	
	7											
	_											
2a	e the four	ndation directly	or indirectly affiliated	with, or related to, one or more	e tay-eyemnt	organization						
		-	•		.=.	-				☐ Ye	. [v	No
				than section 501(c)(3)) or in s	ection 527 f				• • • •	U ''	25 1	1 140
			owing schedule.			,						
		a) Name of organi	zation	(b) Type of organizat	on	 	(c) De	scriptio	of relati	onship		
						ļ						
						}						
						ļ						
		·				<u> </u>						
						l						
	Under pe	enalties of penjury, I c	declare that I have examine	ed this return, including accompanying an taxpayer) is based on all information	schedules and s	tatements, and to	the best	of my kn	owledge at	nd belief, i	is true,	
Sigr	Conect, a	L. Marie	ration of preparer total tria	Taxpayer) is based on all illiointation	William prepare	ci nas any know	euge			RS discus		
Here		alberto Ga	mez	17/12/17	Directo	or				reparer st		
11010		ature of officer or tru		Date	Title				(see inst)?	Yes	X No
		Pnnt/Type prepare	er's name	Preparer's signature	<i>M</i>	Date		Check	X if	PTIN		
Paid	!	, , , ,		Sheldon Harding	7	07-07-20	17	}		P0036	8007	
Description naturally production naturally production production naturally						F 0036	3031					
-		 					Firm's El					
use	Only	Firm's address		ard Ave Ste 2075			Phone no		050	0040		
		L	Aurora CO 8	0014			L	/20	-870-			/0015
EEA										Form 99	ルーピー	(ZU16)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2016

Employer identification number

Gamez Family Foundation Inc 84-1505990							
Organiz	ation type (check one):						
Filers of	f:	Sec	ction:				
Form 99	0 or 990-EZ		501(c)() (enter number) organization				
			4947(a)(1) nonexempt charitable trust not treated as a private foundation				
			527 political organization				
Form 99	0-PF	X	501(c)(3) exempt private foundation				
			4947(a)(1) nonexempt chantable trust treated as a private foundation				
			501(c)(3) taxable private foundation				
Check If	your organization is cover	red b	y the General Rule or a Special Rule.				
Note: Or), or ((10) organization can check boxes for both the General Rule and a Special f	Rule. See			
General	Rule						
(erty)	990, 990-EZ, or 990-PF that received, during the year, contributions totaling from any one contributor. Complete Parts I and II See instructions for determined to the contributor.				
Special	Rules						
	For an organization descrive guilations under sections 13, 16a, or 16b, and that r	s 509 receiv	in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), wed from any one contributor, during the year, total contributions of the great ton (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Par	Part II, line er of (1)			
•	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, chantable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution 990-EZ,	: An organization that isn't or 990-PF), but it must an	t cove	ered by the General Rule and/or the Special Rules doesn't file Schedule B (I r "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Fo at it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ.	Form 990, rm 990-EZ or on its			

Name of organization

Gamez Family Foundation Inc

Employer identification number 84-1505990

Part I	Contributors (See instructions). Use duplicate copi	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	La Favorita Inc 9330 Brighton Blvd Henderson, CO 80640	\$ 450,000	Person 🔀 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	Mercedes J Gamez PO Box 6019 Denver, CO 80206	\$ 6,500	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	(b)	\$(c)	Person
No	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions \$	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll
		\$	Noncash (Complete Part II for noncash contributions.)

, 		upporting Statemer		016 PG01
Name(s) as shown on retur			FEII	
Gamez Fami	ly Foundation Inc			84-1505990
	Form 990PF - P	art VII-A - Lin	e 10	Statement #114
	Substantial Co	ntributors Sche	dule	
Name	La Favorita			
Address	9330 Brighton Blvd			
	Henderson, CO 80640			
Name	Mercedes J Gamez			
Address	PO Box 6019			
	Denver, CO 80206			
Name	Gualberto and Silvia Gam	nez		
Address	25 Cherry Hills Park Dr			
	Englewood, CO 80113			
	Other Liab	Part II - Line	<u>.e</u>	
Margin debt o	Other Liab	ilities Schedul BOY	<u>.e</u>	
Description Margin debt on Total	Other Liab	ilities Schedul BOY	<u>Amount</u> <u>EO</u> 68,449	Statement #121
Margin debt o	Other Liab	ilities Schedul BOY	<u>Amount</u> <u>EO</u> 68,449	Statement #121
Margin debt o	Other Liab	art II - Line 1	Amount EO 68,449	Statement #121 Y Amount
Margin debt o	Other Liab n investments Form 990PF - P	art II - Line 1	Amount EO 68,449	Y Amount PG01 Statement #137
Margin debt on	Other Liab n investments Form 990PF - P	art II - Line 1	Amount EO 68,449 88,449 0 (b) chedule	PG01 Statement #137 EOY FM
Margin debt of Fotal Category Charles Schwal	Other Liab n investments Form 990PF - P Investments: Cor	art II - Line 1 porate Stock Sc	Amount EO 68,449 88,449 0 (b) hedule Book Value	PG01 Statement #137 EOY FM

		Federal S	Federal Supporting Statements	ments	2016 PG01
Name(s) as shown on return Gamez Family Foundation Inc					Your Social Security Number 84-1505990
	Form 990PF - Part 1		Line 16(b) - Accounting Fees Schedule	chedule	Statement #108~
Description Accounting fees	Revenue and expenses	Net investment	Adjusted net income 1,564	Charitable purpose	
Totals	1,564	1,564	1,564	0	
~~~~	Form 990PF - Part I - Line		16(c) - Other Professional Fees Schedule	es Schedule	PG01 Statement #109~
Description Bank Service charges	Revenue and expenses	Net investment	Adjusted net income 180	Charitable purpose 0	
Totals	180	180	180	0	

#1 E