

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



Form **990**

Return of Organization Exempt From Income Tax

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

2016, and ending For the 2016 calendar year, or tax year beginning D Employer identification number C Name of organization Ganados del Valle Check if applicable 85-0328295 Address change Doing husiness as Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return (505) 588-7896 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated 87551 G Gross receipts \$ Amended return MN 37,098 Los Ojos H(a) is this a group return for subordinates? F Name and address of principal officer Yes Application pending H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) Belarmino Archuleta PO Box 154 Los NM 87551 Tax-exempt status X 501(c)(3) 501(c) ((insert no) 4947(a)(1) or 1527 Website: ► H(c) Group exemption number ▶ X Corporation M State of legal domicile Truet Association Other • Year of formation 1984 Form of organization NM Part | Summary Briefly describe the organization's mission or most significant activities Train individuals to develop sustainable economics Activities & Governance If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . 5 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12. 6,566. b Net unrelated business taxable income from Form 990-T, line 34 Ω. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g) . . . 11,290 25,876. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7ī. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 2017. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,298. 11 6**,**767. 12 16,659 32,714 Grants and similar amounts paid (Part IX, column (A), lines 1-3 Benefits paid to or for members (Part IX, column (A) line 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 20,206. 14,144. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . 20,206. 14,144. -3,547. 19 Revenue less expenses Subtract line 18 from line 12 18,570. **End of Year** b Beginning of Current Year 1,292,191. 20 1,275,923. Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 8,710. 6,408. Net assets or fund balances. Subtract line 21 from line 20 1,267,213. 1,285,783. Part II Signature Block Under penalties of penury, I decigre that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and Sign Here B Archuleta Chairperson Type or print name and title Print/Type preparer's name Preparer's signature Date 03/01/17 Max R. Sanchez P01213306 self-employed Paid AB&C CONSULTING Preparer Firm's name **Use Only** Firm's EIN 🏲 920 DENTON ST 27-2320715 Firm's address 87532-9611

BAA For Paperwork Reduction Act Notice, see the separate instructions.

ESPANOLA

TEFA0101 11/16/16

Phone no

Form 990 (2016)

No

753-4869



Form 990 (2016)	Ganados del Valle		<u>85-032829</u>	5 Page 2
		vice Accomplishments		
		oonse or note to any line in this Part III	<u> </u>	<u>·····</u>
	be the organization's mission	1		
<u>Train in</u>	dividuals to deve	lop_sustainable_economics_		
2 Did the organ	ization undertake any signific	ant program services during the year which v	were not listed on the prior	
Form 990 or 9	990-EZ?			Yes X No
If 'Yes,' descr	tibe these new services on Sc	hedule O.	_	
3 Did the organ	ization cease conducting, or r	nake significant changes in how it conducts,	any program services?	Yes X No
·	tibe these changes on Schedu			
Section 501(c	organization's program servic c)(3) and 501(c)(4) organization if any, for each program services	e accomplishments for each of its three large ins are required to report the amount of gran ice reported	est program services, as measured by exits and allocations to others, the total exp	kpenses Denses,
4 a (Code) (Expenses \$	6,008. including grants of \$	0.)(Revenue \$	26,078.)
		evelop businesses, promote		
		roduction skills so as to		
<u>economic</u>	copportunities fo	r area residents		
<u> </u>				
			-	
4 b (Code) (Expenses \$	including grants of \$) (Revenue \$)
	-			
4 c (Code) (Expenses \$	including grants of \$) (Revenue \$)
				
			- 	
4 d Other program	m services (Describe in Sche	dule O)		
(Expenses	\$	including grants of \$) (Revenue \$)
4 e Total program	n service expenses	6,008.		
BAA		TEEA0102 11/16/16		Form 990 (2016)

Part IV. Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Χ 2 Χ 3 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule 11 a 11 b Х Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . Χ 11 e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and If the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 12 b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States?. Х 14a 14b Χ Χ 15 Χ 16 17 X 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,

Part IV. Checklist of Required Schedules (continued) Yes No 20à Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . 20a Χ b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Χ Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Χ 23 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?............... 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . . 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I....... 25a Χ b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26 Χ Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.......... 35a Χ 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is X 37 Х

Ganados del Valle Part V. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . ۲ b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a 3 h 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . 4 a b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... 5 a X Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a Χ b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... Χ X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 3. P 8 Χ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 2 Х X b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?... 9 t 10 Section 501(c)(7) organizations. Enter b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Par	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below	v, an	d for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	n		
`	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1 b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	 -
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8 a	X	
_	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Ь		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a	X	Y 30 Y 31
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12a	į,	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		<u>X</u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		_ X_
b	Other officers or key employees of the organization	15 b		X
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
t	taxable entity during the year?	16a		X
	organization's exempt status with respect to such arrangements?	16 b		
	List the states with which a copy of this Form 990 is required to be filed >			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	 le	
	for public inspection. Indicate how you made these available. Check all that apply Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Tina Ulibarri PO Box 118 Los Ojos NM 87551 (5	05) 5		
BAA	TEEA0106 11/16/16	Form	990 (2	2016)

Form 990 (2016) Ganados del Valle									85-03282	
Part VII Compensation of Officers, Directo	rs, Trus	itee	s, ł	(ey	En	nplo	oye	es, Highest C	ompensated En	ployees, and
Independent Contractors Check if Schedule O contains a response or i	note to any	, line	un f	hie E	Part '	VII				
Section A. Officers, Directors, Trustees, Ke										· · · · · · · · · · · · · · · · · · ·
1 a Complete this table for all persons required to be listed								<u>-</u>		
organization's tax year										
 List all of the organization's current officers, directo compensation Enter -0- in columns (D), (E), and (F) if no 	compensa	tion v	was	paid	t					
 List all of the organization's current key employees, 										
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form W- organization and any related organizations 	2 and/or E	Sox 7	of F	orm	109	99-M	ISC) of more than \$10	0,000 from the	
 List all of the organization's former officers, key em 	ployees, a	nd h	ghe	st co	ompe	ensat	ted	employees who re	ceived more than \$10	00,000
of reportable compensation from the organization and any • List all of the organization's former directors or true	stees that	гесе	eived	d, in	the	capa	city	as a former directo	or or trustee of the	
organization, more than \$10,000 of reportable compensat										
List persons in the following order individual trustees or demployees, and former such persons	irectors, in	stitu	tiona	al tru	ıstee	es, of	tice	rs; key employees,	nighest compensate	ed
Check this box if neither the organization nor any rela	ted organi	zatıo	n co	mpe	ensa	ted a	ıny d	current officer, dire	ctor, or trustee	
				(C)						-
(A)	(B)	(B) Position (do not check more than one box, unless person					re on	(D)	(E)	(F)
Name and Title	Average hours	hours director/trustee)				Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jose Belarmino Archuleta	0.00	Х		Х					0	
Chairperson		Δ.		^	-		\vdash	0.	0.	0.
_(2)_Leonard_Orr	-0.00	x		x				0.	0.	0.
(3) Antonio Manzanares	0.00					<u> </u>	T	Ŭ.		<u></u>
Secretary	1-5.55	Х		Х				0.	0.	0.
(4) Tina Ulibarri	0.00						1			
Treasurer		Х		X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(5) Johnny Leyba	0.00									
Board Member	<u> </u>	Х		_	<u> </u>		ļ	0.	0.	0.
_(6)	 									
										,
		_	<u> </u>		<u> </u>		↓_			
_(8)										
		L	Ь_		<u> </u>		1			

(10)

<u>(11)</u>

(12)

(13)

(14)

Part VIII Section A. Officers, Directors, Tru	stees, I	Key	<u>Em</u>	ipic	oye	es,	anc	Highest Con	pensated Emp	loyees (continued)
(A) Name and title	Average hours per week	I box	, unle	heck ss pe	ition more rson directi	than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total			• •	٠.	• •	• •	>	0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ►							eive	d more than \$100,	000 of reportable co	mpensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rej	dividual					• •			nployee	Yes No
the organization and related organizations greater t	han \$150,	0003	If 'Y	es,	con	nplete	So	chedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue c for services rendered to the organization? If 'Yes,' c										. 5 X
1 Complete this table for your five highest compensation from the organization Report compe	ed indepe	nder	it co	ntra	ctors	that	rec	eived more than \$	100,000 of	
(A) Name and business addre					, .	<u></u>	<u> </u>	(B)		(C) Compensation
				-						
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin ►	nited	to ti	hose	list	ed at	ove	e) who received mo	re than	

Ganados der valle			03-0320233	rayes
Part VIII Statement of Revenue				
Check if Schedule O contains a response or note to any line	e in this Part VIII .	<u></u> <u></u>	<u> </u>	· · · · · · ·
	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns .						
Grants nounts	b	Membership dues	1 b	70.				
₹ ي	C	Fundraising events	1c					
Giffts, ilarAr	d	Related organizations .	1d					an letter still
o, mi∺G	e	Government grants (contribution	ons) 1e					
<u> </u>	۔ ا	All other contributions gifts gr	ants and					
를 다	'	All other contributions, gifts, gr similar amounts not included a	bove 1 f					
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions include	d in lines 1a-1f \$					
<u>a</u> 0	h	Total. Add lines 1a-1f .		<u></u> .	70.			
Jue				Business Code				
₹	2 a	Ganados Program	ns	110000	25,876.	25,876.	0.	0.
ě	t) 			0.	0.	0.	0.
Š	c	; 						
3	4	¹						
ram	e) 						
Program Service Revenue		All other program service	_					
<u> </u>	-	Total. Add lines 2a-2f			25,876.			
	3	Investment income (incluother similar amounts).	aing aividenas, i	nterest and ▶	1	1.	0.	0.
	4	Income from investment						<u>·</u>
	5	Royalties			201.	201.	0.	0.
			(ı) Real	(II) Personal	¥ - 5			
	6 a	Gross rents	10,950.	, <u> </u>				
	t	Less rental expenses	4,384.	,				
	i i	Rental income or (loss)	<u>6,566</u> .			27.88.377857		
	0	d Net rental income or (los	<u> </u>		6,566.	0.	6,566.	0.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	t	Less cost or other basis and sales expenses						វិទី១១ទីស្រី
	١,	Gain or (loss)						
	1	l Net gain or (loss)						
as	1	Gross income from fundi						
ş	"	(not including S	-					
Š		of contributions reported	on line 1c)					
Œ		See Part IV, line 18		3				
Other Rev		Less direct expenses .		ol				
δ	۱ ۹	Net income or (loss) fron	n fundraising eve	nts	2		/ T.E 2 50 PM	81.00.000 2500 2500 25
	9 2	Gross income from gami See Part IV, line 19	ng activities					
	١,	Less direct expenses		<u>-</u>				
	1	Net income or (loss) from		·				
	1		_			- 10 ()	84 18 SEE 18	
	'"	a Gross sales of inventory and allowances		a				
	į t	Less: cost of goods sold		b		Production of the second	716 A. E. E.	
	Ľ	Net income or (loss) fron						
	<u> </u>	Miscellaneous Revenu	18 18	Business Code			-**Sana - 348419.	
	116	3 			0.	0.	0.	0.
		, _ 			0.	0.	0.	0.
		d All other revenue			0.	0.	0.	0.
	1 1	e Total. Add lines 11a-11d	L		0.			
	1 1	Total revenue. See insti				26,078.	_ 6,566.	0.
								<u> </u>

	t∛IX: Statement of Functional Expen							
Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX							
	Check if Schedule O contains a re not include amounts reported on lines rb, 8b, 9b, and 10b of Part VIII.	sponse or note to any lin (A) Total expenses	e in this Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21							
2	Grants and other assistance to domestic individuals See Part IV, line 22		_					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members				The second secon			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9 10	Other employee benefits							
11	Fees for services (non-employees)			<u> </u>				
	Management							
	Legal							
	Accounting			1,384.				
	Lobbying			1,384.	0.			
	Professional fundraising services See Part IV, line 17		A STATE SHAPE					
	Investment management fees		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)							
12				205				
13	Office expenses		0.	285.	0.			
14	Information technology							
15	Occupancy		1,084.	1,084.				
16 17	Travel		1,084.	1,084.	0.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	429.	0.	429.	0.			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	8,042.	4,021.	4,021.	0.			
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
ē	·	0.	0.	0.	0.			
t	Taxes & licenses	30.	0.	30.	0.			
c	;			0.				
•	Supplies	1,806.	903.	903.				
	All other expenses	0.	0.	0.	0.			
25	Total functional expenses. Add lines 1 through 24e	14,144.	6,008.	8,136.	0.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet (B) End of year (A) Beginning of year 6,266. 29,339. 2 2 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 2,500 8 2,500 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10a 10 b 222,854 10 c 216,04 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 15 15 44,303 44,303 16 16 1,275,923 292,191 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 23 23 8,710 6,408. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. . . . 25 26 Total liabilities. Add lines 17 through 25 710 26 408 Organizations that follow SFAS 117 (ASC 958), check here - and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets...... 27 27 28 28 29 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. 30 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 1,267,213 285,783.

BAA

33

34

1,292,191. Form 990 (2016)

1,285,783.

33

34

267,213

1,275,923

Form	1990 (2016) Ganados del Valle 85	<u>-03282</u>	95	Page 12
Par	★XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>		
1,	Total revenue (must equal Part VIII, column (A), line 12)	1		32,714.
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,144.
3	Revenue less expenses Subtract line 2 from line 1	3		18,570.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,2	67,213.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	. 6		
7	Investment expenses	1 1		
8	Prior period adjustments	. 8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	· 10	<u> </u>	<u>85,783.</u>
Pa	AXIII Financial Statements and Reporting			
_	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	<u></u>	<u></u> []
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		m.	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	а		
	Separate basis Consolidated basis Both consolidated and separate basis			m.d.,
ı	Were the organization's financial statements audited by an independent accountant?		2b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		100 m	8.4
	basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	ıdıt,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?...................................	e 	За	X
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3 b	
BAA			Form	990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

	ados del Valle					85-032829	
	비豪 Reason for Public Cha		<u> </u>	_ <u>-</u>		art.) See instruction	1S.
The o	rganization is not a private foundat	•	• ,		,		
1	A church, convention of church	•				A)(i).	
2	A school described in section		,			_	
3	A hospital or a cooperative ho	,					
4	A medical research organization	on operated in conjunc	tion with a hospital desci	ribed in s	section	170(b)(1)(A)(iii) Enter t	he hospital's
_	name, city, and state						
5	An organization operated for the section 170(b)(1)(A)(iv). (Co	he benefit of a college implete Part II.)	or university owned or o	perated I	by a gov	ernmental unit described	d in
6 7	A federal, state, or local gover	· ·		•	,, ,, ,,	•	
•	An organization that normally in section 170(b)(1)(A)(vi).		part of its support from a	governr	nental u	nit or from the general p	ublic described
8	A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II)				
9	An agricultural research organ				-	•	•
	or university or a non-land-gra	int college of agriculture	e (see instructions). Ente	r the na	me, city,	and state of the college	or
10	An organization that normally from activities related to its exinvestment income and unrela June 30, 1975. See section 5	empt functions—subject ted business taxable in	t to certain exceptions, a scome (less section 511	nd (2) n	o more t	than 33-1/3% of its supp	ort from gross
11	An organization organized and	d operated exclusively	to test for public safety S	See sec t	ion 509	(a)(4).	
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d						
·a	□ -	tion operated, supervis	ed, or controlled by its si	upported	l organiz	ation(s), typically by givi	ng the supported ition You must
b	Type II. A supporting organizar management of the supporting must complete Part IV, Secti	g organization vested ir	trolled in connection with in the same persons that	its supp control o	orted or or manag	rganization(s), by having ge the supported organiz	control or cation(s) You
С		ted. A supporting organ	ization operated in conn	ection w	uth, and	functionally integrated w	vith, its supported
d		egrated. A supporting of	organization operated in	connect	on with	its supported organization	on(s) that is not ement (see
е	Check this box if the organization	tion received a written	determination from the IF				
	integrated, or Type III non-fun Enter the number of supported or						
ď	Provide the following information	~					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organizati in your go docur	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
				169	140	 -	
(A)							
					l		
(B)_		 			<u> </u>		
(C)							
(D)							
(E)							
Total							

	(Complete only if you checked organization fails to qualify un	the box on line 5,	7, or 8 of Part I or	if the organization			•
Sec	tion A. Public Support		-				
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			da mada.			
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	ing stylen in the color					
12	Gross receipts from related activit	es, etc (see instru	ictions)			12	
13	First five years. If the Form 990 organization, check this box and s						▶ 📋
Sec	tion C. Computation of Pu Public support percentage for 201	blic Support F	Percentage				
14	Public support percentage for 201	6 (line 6, column (1) divided by line 1	1, column (f))		14	%
15	Public support percentage from 20	015 Schedule A, Pa	art II, line 14				%
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a publi	not check the box cly supported orga	on line 13, and lin	e 14 is 33-1/3% or 	more, check this bo	× · · · · · · ► []
b	33-1/3% support test—2015. If the and stop here. The organization	e organization did qualifies as a publi	not check a box or cly supported orga	n line 13 or 16a, ar inization	nd line 15 is 33-1/3	% or more, check the	is box
17a	10%-facts-and-circumstances to or more, and if the organization meets the 'facts-a	est—2016. If the or eets the 'facts-and and-circumstances	ganization did not -circumstances' te ' test The organiza	check a box on line st, check this box a ation qualifies as a	e 13, 16a, or 16b, a and stop here . Exp publicly supported	and line 14 is 10% lain in Part VI how organization	▶ 📋
b	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	est-2015. If the or eets the 'facts-and circumstances' tes	ganization did not -circumstances' te t The organization	check a box on line st, check this box a n qualifies as a pub	e 13, 16a, 16b, or and stop here. Exp blicly supported org	17a, and line 15 is 10 Ilain in Part VI how th anization	0% he · · · · ▶ □
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	s ▶ 🗂

| Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include						
•	any 'unusùal grants ')	1,414.			-		1,414.
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's			İ			
	tax-exempt purpose	42,974.					42,974.
3	Gross receipts from activities		-				
	that are not an unrelated trade or business under section 513	0.		\			0
4	Tax revenues levied for the			 	 		0.
	organization's benefit and						
	either paid to or expended on its behalf	0.					0
5	The value of services or						0.
	facilities furnished by a governmental unit to the]			
	organization without charge.	0.		ì			0.
6	Total. Add lines 1 through 5	44,388.					44,388.
7 a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons						
h	Amounts included on lines 2						
-	and 3 received from other than	į	1	ļ			
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
500	tion B. Total Support			J () () () () () () () () () (4	3 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44,388.
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 6		(b) 2013	(0) 2014	(u) 2015	(e) 2010	
	Gross income from interest, dividends,	44,388.			 		44,388.
TUA	payments received on securities loans,						
	rents, royalties and income from	10 450					10 450
b	similar sources	10,458.		-	-		10,458.
_	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	10,458.					10,458.
11	Net income from unrelated business			-			
	activities not included in line 10b, whether or not the business is						
	regularly carried on	l o.					_ 0.
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in					Į Į	
	Part VI)				<u></u>		
13	Total support. (Add lines 9,	F4 046					E4 046
14	10c, 11, and 12) First five years. If the Form 990 i	54,846.	on's first second	third fourth or fift	h tay year as a sec	tion 501(c)(3)	54,846.
	organization, check this box and s	stop here		· · · · · · · · · · · · ·	· · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	▶
Sec	tion C. Computation of Pu	blic Support F	Percentage				
15	Public support percentage for 201	• •	•	. ,,,,			80.93 [%]
16	Public support percentage from 20	015 Schedule A, P	art III, line 15	<u></u>	<u> </u>	16	76.74 ⁸
Sec	tion D. Computation of Inv	estment Inco	me Percentag	е			
17	Investment income percentage for	r 2016 (line 10c, co	olumn (f) divided b	y line 13, column (f))	17	19.07 %
18	Investment income percentage from					<u></u> -	23.26 [%]
19a	33-1/3% support tests-2016. If t	the organization di	d not check the bo	x on line 14, and I	ine 15 is more than	33-1/3%, and line	17
	is not more than 33-1/3%, check t	-	_	•		_	1 1
Þ	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%,						
20	Private foundation. If the organiz		-			· ·	
				,,,			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- ga Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	550g mg/	163	
	1	İ	ŀ
			3.3
	2		
			Ħ.
	3a		
	***	241	
	3b	.86.8 (**. **	a Carr Car
	i i	i Jin	
	3c		
	2 1 min	75.3	e(p
	4a		
	<u> </u>		
	4b		
	3,37 127		5
	4c	Kn ' 1 1	~ 880
		-NR/SN	1 130000
	<u> 1964 (</u>	1815	
	_ 5a		
	3. EM		7
	5b		
	5c		
	W(1 -		= 8
	A33000000-0-0-0		
	6	<u> </u>	
	,4 (18-91) (18-91) (18-91)		
	16.2	1	7.3
	7		
	f I	# 7 - j	
	8	3859e	7-3376-7
			ا_ نــــا
	9a	' was	5 7,484
	*************	ii. W	
	9b	-18°7	: · · · ·
		<u> </u>	LL
	9c		P 30
	10a		***************************************
ı		1.45	50.00
	10b		

Pa	TilV: Supporting Organizations (continued)		т——	т—-
11.	Has the organization accepted a gift or contribution from any of the following persons?	7 %	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
1	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
_	tion B. Type I Supporting Organizations		L	
<u> </u>			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1 	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below			
	The organization is the parent of each of its supported organizations Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	tione)		
	, The digamization supported a governmental entity. Sesonible in Fart Willow you supported a government entity (see instruct	ionsj.		
2	Activities Test Answer (a) and (b) below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
١	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
-	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
I	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	-2003 -2003 	

Par	t V Type III Non-Functionally integrated 509(a)(3) Supporting Or	ganıza	tions	
1 	Check here if the organization satisfied the integral Part Test as a qualifying trust o instructions. All other Type III non-functionally integrated supporting organizations	n Nov 2 s must co	0, 1970 (explain in Part V implete Sections A throug) See h E.
Section A — Adjusted Net Income (A) Prior Year				
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1 a		
	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	TOTAL TEACH	
5	Income tax imposed in prior year	5	20年16年1月	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ated Typ	e III supporting organization	on

BAA

Schedule A (Form 990 or 990-EZ) 2016

Pan	TV M Type in Non-Functionally integrated 509(a)(3) Su	pporting Organizat	ilons (continuea)	
Sect	tion D — Distributions			Current Year
1.	Amounts paid to supported organizations to accomplish exempt purpose	es		
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the organization Part VI) See instructions	tion is responsive (provide	e details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI) See instructions			
a	"也只是 是一个,我们 是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们			
b	The second secon			
С	From 2013		i bi a	
d	From 2014		$\operatorname{dist}_{M}(M, X) = \frac{1}{4\pi^2} \operatorname{dist}_{M, X} = \frac{1}{4\pi^2} \operatorname{dist}_{M, X} = \frac{1}{4\pi^2} \operatorname{dist}_{M, X}$	apple of the state
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	in genous		
h	Applied to 2016 distributable amount	Total Control		
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			技術。新聞教教
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c			
8	Breakdown of line 7			tions upoquin equipo
	Entertain and a second of the			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015	kijarotak zekkela.	ATURAL KURIK	
-	LACCOS HOLLI ZUTU	Harris St. Company of the Company of		

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection

Employer identification number

	Ganados del Valle		85-0328295	
Dår	Organizations Maintaining Donor Advised Funds or Other Similar Fund	is or Ac		
I sai	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.			
	(a) Donor advised funds	(b)	Funds and other acco	unts
1	Total number at end of year			
2	Agreed to value of contributions to (during voor)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advante the organization's property, subject to the organization's exclusive legal control?	vised funds	s · · · · · · Tyes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	e used on e conferrin	nly ng · · · · . TYes	No
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply)	_		
•		historical	lly important land area	
	Protection of natural habitat Preservation of a		•	
	Preservation of open space		otorio oti uotaro	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	n of a con:	servation easement of	n the
_	last day of the tax year			
		£ (1)	Held at the End of the	ne Tax Year
ŧ	a Total number of conservation easements	2 a		
t	Total acreage restricted by conservation easements	2 b		
C	Number of conservation easements on a certified historic structure included in (a)	2 c		
C	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by t tax year ►	he organiz	zation during the	
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?			No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing col	nservation	easements during the	year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserves ▶	ation ease	ements during the yea	г
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 and section 170(h)(4)(B)(ii)?	70(h)(4)(B))(ι) · · · ·	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expeninclude, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements	se statements the organ	ent, and balance shee nization's accounting f	et, and or
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	Other Si	milar Assets.	
1 8	alf the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research in fullin Part XIII, the text of the footnote to its financial statements that describes these items			
I	b) If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemed historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items.	rance of p	public service, provide	art, the
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X		▶\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under SFAS 116 (ASC 958) relating to these items	cial gain, p	provide the following	
	a Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990. Part X		▶ S	

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	•	1,012,767.		1,012,767.
b Buildings	•	326,745.	124,547.	202,198.
c Leasehold improvements				
d Equipment		7,631.	6,547.	1,084.
e Other				
Total. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, colu	mn (B), line 10c)		1,216,049.

BAA

Schedule D (Form 990) 2016

PartVII Investments — Other Securities. Complete if the organization answered?	Yes' on Form 990	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	· <u> </u>	
Part VIII Investments - Program Related.	'Vos' on Form 000	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	(b) book value	(c) Wethod of Valuation Cost of end-of-year market Valu
(1)		
(2)	 	
(4)		
(5)		
(6)		
(7)	 	
(8)	-	
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) •		
Part IX Other Assets.		D 10/1: 4410 E 200 D 13/1: 45
	Yes on Form 990, escription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1)	escription	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)	<u> </u>	
(7)		
(8)	_ 	——————————————————————————————————————
(9)		
Total. (Column (b) must equal Form 990, Part X, column (B)	lino 15)	
Part X Other Liabilities.	<u> </u>	
Complete if the organization answered 'Yes' on	Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)	_ 	
(5)		
(6)		
(7)		
(8)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	. ▶	
2. Liability for uncertain tax positions In Part XIII, provide the text of the foo		nancial statements that reports the organization's liability for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote		

Rart XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
1. Total revenue, gains, and other support per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	£
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Doturn
	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	Ketum.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. 5 Prior year adjustments. 6 Other losses. 7 Other losses. 8 Other (Describe in Part XIII). 9 Add lines 2a through 2d. 1 Subtract line 2e from line 1. 1 Amounts included on Form 990, Part IX, line 25, but not on line 1.	2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. 2 Prior year adjustments. 2 Other losses. 4 Other (Describe in Part XIII). 2 Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII). 4 a b Other (Describe in Part XIII).	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII). c Add lines 4a and 4b.	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII). 4 a b Other (Describe in Part XIII).	2 e 3

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

Schedule D (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

2016

2010

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

/form990. Open to Public Inspection

Types of Property Check if applicable Number of contributions or applicable Number of applicable Number of applicable Number of applicable Number of applicable Number of applicable Number of contributions or administer approach on Form 590, Part VIII, line 1g		ados del Valle			85-	-0328295
Check if applicable contribution or riems contributed applicable contribution or riems contributed on Form 390, and contribution amounts reported on Form 390, and 590,	Par	til Types of Property	_			
2 Art — Historical treasures			Check if	Number of contributions or	Noncash contribution amounts reported on Form 990.	
3 Art — Fractional interests	1	Art — Works of art				
4 Books and publications	2					
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes.	3	Art — Fractional interests				
6 Cars and other vehicles 7 Boats and planes	4	Books and publications				
8 Intellectual property. 9 Securities — Publicity fraded 10 Securities — Publicity fraded 11 Securities — Pathership, LLC, or trust interests. 12 Securities — Miscellaneous. 13 Qualified conservation contribution — Historia structures 14 Qualified conservation contribution — Other. 15 Real estate — Residential. 16 Real estate — Commercial. 17 Real estate — Other 18 Collectibles. 19 Food inventory. 19 Food inventory. 10 Drugs and medical supplies. 11 Taxidermy. 12 Historical artifacts. 13 Scentific specimens. 14 Archeological artifacts. 15 Other ► ())	5	Clothing and household goods				
Intellectual property. Securities — Publicly traded Securities — Closely held stock. Securities — Miscellaneous 6	Cars and other vehicles					
9 Securities — Publicly traded 10 Securities — Closely held stock. 11 Securities — Parlmership, LLC, or trust interests. 12 Securities — Miscellaneous. 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other. 15 Real estate — Residential. 16 Real estate — Commercial 17 Real estate — Other 18 Collectibles. 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (7	Boats and planes				
10 Securities — Closely held stock. 11 Securities — Partnership, LLC, or trust interests. 12 Securities — Miscellaneous. 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other. 15 Real estate — Residential. 16 Real estate — Commercial 17 Real estate — Other 18 Collectibles. 19 Food inventory. 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens. 24 Archeological artifacts 25 Other ► (8	Intellectual property				
11 Securities — Partnership, LLC, or trust interests. 12 Securities — Miscellaneous. 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other. 15 Real estate — Residential. 16 Real estate — Commercial 17 Real estate — Other 18 Collectibles. 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (9	Securities — Publicly traded				
11 Securities — Partnership, LLC, or trust interests. 12 Securities — Miscellaneous. 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other. 15 Real estate — Residential. 16 Real estate — Commercial 17 Real estate — Other 18 Collectibles. 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (10					
13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other	11					
13 Qualified conservation contribution — Historic structures 4 Qualified conservation contribution — Other. 5 Real estate — Residential. 6 Real estate — Commercial 7 Real estate — Other 8 Collectibles. 9 Food inventory. 10 Drugs and medical supplies 11 Taxidermy. 12 Historical artifacts 13 Scientific specimens 14 Archeological artifacts 15 Other ► ())	12	Securities - Miscellaneous	<u> </u>			
15 Real estate — Residential. 16 Real estate — Commercial. 17 Real estate — Other	13					
15 Real estate — Residential. 16 Real estate — Commercial. 17 Real estate — Other	14	Qualified conservation contribution — Other			 	
16 Real estate — Commercial 17 Real estate — Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► () 26 Other ► () 27 Other ► () 28 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Ves No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X 30a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32b If Yes, describe in Part II 31 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	• -				 	
17 Real estate — Other Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► () 26 Other ► () 27 Other ► () 28 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If Yes,' describe the arrangement in Part II 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32a If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,				 		
18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (
19 Food inventory	• •					<u> </u>
20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (
21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other > (26 Other > (27 Other > (28 Other > (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30 If Yes,' describe the arrangement in Part II 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			-	†		
22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (
23 Scientific specimens		•		 	 	
Archeological artifacts 25 Other (
25 Other ()	-	•		 	 	
26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		_	 	 	 	
27 Other ()		Other (
28 Other ()		Other (
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			<u> </u>	 		
organization completed Form 8283, Part IV, Donee Acknowledgement			<u> </u>	<u> </u>	<u> </u>	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	29	Number of Forms 8283 received by the organization completed Form 8283. Part IV. Dones	during the t Acknowledge	ax year for contributions	for which the	20
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		organization completed from 5255, Fart W, Bones A				
b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	30a	it must hold for at least three years from the date of	the initial co	ntribution, and which isn'	t required to be used	at T
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		,				
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			that requires	s the review of any nonst	andard contributions?.	
b If 'Yes,' describe in Part II 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	•	Does the organization hire or use third parties or rela	ated organiz	ations to solicit, process,	or sell	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	L					
	. "	If the organization didn't report an amount in column	(c) for a typ	e of property for which co	olumn (a) is checked,	

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016

Open to Rublic Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Ganados del Valle	85-0328295
	A copy of the form 990 is provided to each member of the board prior
Pt VI, Line 11b	to filing of the return. The return is
Pt VI, Line 11b	also reviewd at a board meeting.
Pt VI, Line 6	The organization is composed of members who elect the
Pt VI, Line 6	officers at their annual meeting.
Pt VI, Line 7a	Members have the power to elect the govening body.