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Form	99	3 Ô	Return of Organization Exempt From Inc			омв No. 1545 20 1	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce		- C		
Depa	rtment d	f the Treasury	▶ Do not enter social security numbers on this form as it may be	- 0	<i>h</i>	Open to P	
_		nue Service	► Information about Form 990 and its instructions is at www.irs		d V W	Inspecti	on
<u> </u>	For the		ndar year, or tax year beginning JULY 1 , 2016, and endin		IE 30	, 20 17	
B	Check i	fapplicable:	C Name of organization NORTHERN RIO GRANDE NATIONAL HERITAGE ARE	A, INC.	D Employer	r identification nu	mber
		change	Doing business as			26-2561154	
_	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	ite	E Telephone	number	
_	Initial re		P.O. BOX 610			505-852-0030	
<u>.</u>	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code				
].	Amende	ed return	ESPANOLA, NM 87532		G Gross rec	eipts \$ 23	4,330.0
] ,	Applicat	tion pending	F Name and address of principal officer:	H(a) is this a g	roup return for su	bordinates? 🔲 Yes	√ No
			THOMAS A. ROMERO, SAME AS C, ABOVE	H(b) Are all	subordinates r	ncluded? 🔲 Yes	☐ No
	Tax-exe	mpt status.	√ 501(c)(3) √ (insert no.) √ 4947(a)(1) or √ 527) If "N	o," attach a li	ist. (see instruction	ıs)
	Website		N.RIOGRANDENHA.ORG	H(c) Group	exemption n	umber ▶	
		organization:	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format	on: 2006	M State o	f legal domicile:	NM
Pa	art i	Summa	iry				
ļ	1	Briefly des	scribe the organization's mission or most significant activities: MISSIO	N: TO SUS	AIN THE C	OMMUNITIES,	
8		HERITAGE	S, LANGUAGES, CULTURES, TRADITIONS, AND ENVIRONMENT OF NOR	THERN NEW	MEXICO T	HROUGH	
2		PARTNER	SHIPS, EDUCATION, AND INTERPRETATION.				
Activities & Governance	2	Check this	s box ▶ ☐ if the organization discontinued its operations or disposed o	of more than	25% of it	s net assets.	
3	3	Number o	f voting members of the governing body (Part VI, line 1a)	· · · ·		그이	1
ğ	4	Number o	f independent voting members of the governing body (Part VI, line þ),		4 .	181	1!
2	5	Total num	f independent voting members of the governing body (Part VI, line b) ber of individuals employed in calendar year 2016 (Part V, line 2a)	FEB 1	3 23 10	[6]	
	6	Total num	ber of volunteers (estimate if necessary)		6	니띮	50
É	7a	Total unre	lated business revenue from Part VIII, column (C), line 12	·OGD	= 7a		(
	b	Net unrela	ated business taxable income from Form 990-T, line 34		7b-		(
-				Prior Ye	ar	Current Yea	ar
,	8	Contributi	ons and grants (Part VIII, line 1h).		8,197:36	23	4,330.02
-	9	Program s	service revenue (Part VIII, line 2g)				
DOLOADL	10		t income (Part VIII, column (A), lines 3, 4, and 7d)				
۱ -	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
١	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20	8,197.36	23	4,330.02
7	13		d similar amounts paid (Part IX, column (A), lines 1-3)		5,166.70		1,141.66
1	14		aid to or for members (Part IX, column (A), line 4)	·	0,100.70		.,
ا ۵	15		ther compensation, employee benefits (Part IX, column (A), lines 5-10)		8,851.67	2	5,933.92
cxpenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		0,031.01		0,000.01
	b		rejains avenues (Dart IV and vers (D) line (E)				
1	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	11	6,678.90	15	8,225.37
ļ	18	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		0,687.36		5,300.99
ļ	19	-	ess expenses. Subtract line 18 from line 12		7,500.00		9,029.07
<u>, , , , , , , , , , , , , , , , , , , </u>	_ 			Beginning of Cu		End of Yea	
Š	20	Total asse	ets (Part X, line 16)		1,585.18	19	0,656.25
8	21		ities (Part X, line 26)		45.35		87.39
Fund Balances	22		s or fund balances. Subtract line 21 from line 20	47	1,539.83	10	0,568.90
	rt II		ure Block		1,000.00	10'	2,000,30
_			A declare that I have examined this return, including accompanying schedules and stater	manta nade 4	ha hart of r	knowledge and l	holief # "
true	, correc	t, and comple	 to becare that I have examined this return, including accompanying schedules and stater the Declaration of preparer (other than officer) is based on all information of which preparer 	has any knowl	edge. , /	WIDMIEDAE WIG	Janet, IL IS
_				-	3/9/1	p	
Sig	n	Sugar	Womas (. Jones ture of officer	l_ Da	4//	0	
۰ıy	7 P	ı y oryı≀d	ture or orner	Ud			

ROMERO, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check ____ rf self-employed **Paid** Preparer Use Only Firm's EIN ▶ Firm's name Firm's address 🕨 Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No Form **990** (2016)

Form 99	rage a
Part I	,
	Check if Schedule O contains a response or note to any line in this Part III
1 '	Briefly describe the organization's mission:
	OUR MISSION IS TO SUSTAIN THE COMMUNITIES, HERITAGES, LANGUAGES, CULTURES, TRADITIONS, AND ENVIRONMENT OF
	NORTHERN NEW MEXICO THROUGH PARTNERSHIPS, EDUCATION, AND INTERPRETATION.
	OUR VISION IS COMMUNITY AND ECONOMIC VIABILITY ROOTED IN THE HERITAGE AND THE ENVIRONMENT OF NORTHERN NM.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 202,318.85 including grants of \$ 41,141.66) (Revenue \$ 234,330.02)
	COMPREHENSIVE MANAGEMENT PLAN APPROVED BY U.S. DEPT. OF INTERIOR. PROMOTED COMMUNITY EVENTS & PROJECTS
	TO PRESERVE AND CELEBRATE THE LANDSCAPE, HISTORY, AND CULTURE OF THE HERITAGE AREA, THROUGH GRANTS AND
	TECHNICAL SUPPORT. FUNDING PROVIDED TO SIXTEEN DIFFERENT PROJECTS/ORGANIZATIONS THROUGH GRANTS. ISSUED
	NEW PUBLICATION, LAND WATER PEOPLE TIME, TO PROMOTE AREA HISTORIES AND CULTURAL HERITAGE. DEVELOPED WEB
	FUNCTIONS TO PROMOTE INDIVIDUAL ARTISTS AND ARTS TOURISM. FUNDED COMMUNITY DEVELOPMENT EFFORTS IN
	VARIOUS COMMUNITIES, COORDINATED ECONOMIC DEVELOPMENT WITH LOCAL GOVERNMENT ENTITIES, AND INITIATED
	HERITAGE LEADERSHIP TRAINING PROGRAM.
	APPROXIMATELY 12,000 PEOPLE PARTICIPATED OR BENEFITTED DIRECTLY OR INDIRECTLY.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)

	,

4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$
 Total program service expenses ▶ 202,318.85

____

) (Revenue \$



	90 (2016)			Page 3
Part	Checklist of Required Schedules		T	,
1	· Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	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		1
6	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, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		القائد	- عبد
a	Did the organization report an amount for land, buildings, and equipment in Part X, line-10? If "Yes," -complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	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.	111		<b>✓</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u> </u>
	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	12b		√_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a 14b		<b>→</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>✓</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>▼</u> ✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>▼</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>*</u> ✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<u> </u>
			000	(2016)

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	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 Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		1
	to defease any tax-exempt bonds?	24c		<b>/</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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 Schedule L, Part I	25b		1
26	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? If "Yes," complete Schedule L, Part II	26		.V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a-grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		1
28	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>▼</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
		Form	₁ 990	(2016)

Part	, and a man are a man de anna combination			<b></b> 1
	Check if Schedule O contains a response or note to any line in this Part V	···	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   4	<u> </u>		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		Ì
	reportable gaming (gambling) winnings to prize winners?	10	1	
<b>2</b> 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 2a 1	]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		ļ
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
	If "Ves " enter the name of the foreign country.	1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		/
þ	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>V</b>
	gifts were not tax deductible?	-6b-		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make any taxable distributions under section 49607	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	( 1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	`		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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	-,.	_	
	the organization is licensed to issue qualified health plans	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		Forr	990	(2016)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	struct	ions.
Sact	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<u> </u>	<u>. [/]</u>
0000	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	committee, explain in Schedule O.		l	
р 2	Enter the number of voting members included in line 1a, above, who are independent .   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		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<b> </b>	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?	6		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a		/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		/
а	The governing body?	8a	1	•
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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-		·/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ие С	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		/
b	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?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_	<b>-</b>
12a	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? If "No," go to line 13	12a		1
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<del></del>
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		1
14 15	Did the organization have a written document retention and destruction policy?	14	-	✓
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			}
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>	1
16a	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 taxable entity during the year?	46-		,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a		<b>√</b>
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NEW MEXICO  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re THOMAS A. ROMERO, EXECUTIVE DIRECTOR, P.O. BOX 610, ESPANOLA, NM 87532 505-852-0030	cords:	<b>&gt;</b>	

Form	990	/201	6)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	tion nor any relate	d org	aniz	atic	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
					C)					
(A)	(B)	(do n	not ch		nonti mon	e than	one	(D)	(E)	(F)
Name and Title	Average hours per	Average box, unless person is both an						Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any				from related		related	other		
	hours for related	를	SE SE	Officer	Key employee	蒙	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	충률	5	4	ğ	yes c	<b>1 2 1</b>	(W-2/1099-MISC)		organization
	below dotted		Ē		oye-	<u> </u>				and related organizations
the state of the s		Individual trustee or director	Institutional trustee			Highest compensated employee	-			22 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
40				-		-				
(1) CAMILLA BUSTAMANTE	1.0			١.				Ì	}	
PRESIDENT		/	<u> </u>	1	-		-	-0-	-0-	-0-
(2) PATRICIA TRUJILLO	2.0		l							_
VICE PRESIDENT		/	ļ	1	-	ļ	├	-0-	-0-	-0
(3) CHRISTOPOHER MADRID	2.0			١,			ĺ		_	_
TREASURER		<u> </u>		1			├	-0-	-0-	-0-
(4) DAVID FERNANDEZ	1.0	,		,			1		_	_
SECRETARY		<u> </u>	-	1	-			-0-	-0-	-0-
(5) MARY MASCARENAS	1.0	,								
DIRECTOR			-	-	-		-	-0-	-0-	-0-
(6) ELI ISAACSON	1.0						1			
DIRECTOR				-			├	-0-	-0-	-0-
(7) MARGARET CAMPOS DIRECTOR	0.5	1					}	-0-	-0-	-0-
(8) SAM DELGADO	0.5	<del>                                     </del>		┝		<b></b> -	├─	<del> </del>		
DIRECTOR		1					}	-0-	-0-	-0-
(9) DAVID W. GRISCOM	1.0	<del></del>	-	-	-		├	1		<del></del>
DIRECTOR		1						-0-	-0-	-0-
(10) EDMOND SANCHEZ	2.0	<u> </u>	-	-					<u>*</u>	<del> </del>
DIRECTOR		1						-0-	-0-	-0-
(11) ELMER TORRES	1.0	<b></b>		_		<b></b>	$\vdash$	<del> </del>		
DIRECTOR		1						-0-	-0-	-0-
(12) BEN CHAVARRIA	0.0						Γ			
DIRECTOR		1						-0-	-0-	-0-
(13) JUDI CANTU	1.0			Γ			Γ			
DIRECTOR		✓						-0-	-0-	-0-
(14) GABRIEL ROMERO	0.5									
DIRECTOR		✓	1					-0-	-0-	-0-

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (list any	box, office	unies	Pos eck is pe	rson	e than is both or/trus	an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	an	(F) stimated nount of other	
		hours for related organizations below dotted (ine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org and	pensation the anization declaration	n i
	HRIS HYER NRECTOR	1.0	1						-0-	-0-			-0-
(16)									-0-				
(17)						-		-				<del></del>	
	HOMAS A. ROMERO XECUTIVE DIRECTOR	50.0			_				81,615.27	-0-			-0-
(19) s	ANDRA CATA	30.0											
(20)	FFICE MANAGER/GRANTS COORDINATOR							-	21,901.50	-0-			-0-
(21)								-					
(22)	***************************************	-											
(23)			~	_	_							<b></b>	<del></del>
(24)													
(25)													
1b c	Sub-total	VII Section	 				•	<b>&gt;</b>	103,516.77	-0-			-0-
<u>d</u>	Total (add lines 1b and 1c)	<u> </u>	<u> </u>			· ·	<u>.</u>		103,516.77	-0-			-0-
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received mo NONE		0 of	<del>,</del>	<del></del>
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp	loyee, or high	est compensate	ed 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual												1
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individu		-	1
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												ax
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compen		
NO	NE							_					
		<del></del>											
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			
									NONE		For	m <b>99</b> 0	(2016)

Form **990** (2016)

		Check if Schedule O contains	a response or note t			<del></del>	<u>, , , , , , , C</u>
	•	• :		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	1a			<del></del>	
ž ž	b	Membership dues	1b		1 '		
S, C	C	Fundraising events	1c				Į
tributions, Gifts, Grants Other Similar Amounts	d	Related organizations	1d				<b>!</b>
in in	е	Government grants (contributions)	1e 223,800.95			٠	
to se	f	All other contributions, gifts, grants,				_	
결美	1	and similar amounts not included above	1f 10,529.07	water for the same of the same	( · · )	1	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a					}
	h	Total. Add lines 1a-1f	<u> </u>	234,330.02		`	
Ę			Business Code	*			
Program Service Revenue	2a						
æ	b	***************************************			<u> </u>		
₹	C						
တ္တ	d				<b></b>	<b> </b>	
Ē	е			<u> </u>	<u> </u>		
Ş	f	All other program service revenu			<del></del>	<u> </u>	L
<u> </u>	9	Total. Add lines 2a-2f		0	, , , , , , , , , , , , , , , , , ,	,	_Y
	3	Investment income (including and other similar amounts) .		_		}	}
		· · · · · · · · · · · · · · · · · · ·		0	<del> </del>	<del> </del>	<b></b>
	5	Income from investment of tax-exer Royalties	mpt bond proceeds	0	<del> </del>		<del> </del>
	3	Hoyarties	(ii) Personal	0			<del></del>
	-6a	Gross rents		-			
	1	Less: rental expenses			-		
	C	Rental income or (loss)	<del></del>		· .		· '
	ď	Net rental income or (loss) .					1
	7a	Gross amount from sales of (i) Securit	ies (ii) Other	,			
		assets other than inventory	<del></del>	. 3, .	4. *		
	ь	Less: cost or other basis	<del></del>	- 1	į		
	ļ	and sales expenses .	}				
	С	Gain or (loss)			-		
	d	Net gain or (loss)		o			
		3-1-1,0-1-3,	· · /		,	-	
2	8a	Gross income from fundraising		114			·
Vē		events (not including \$		w. / * &. '		'	-
8		of contributions reported on line 1	c).			•	
ē		See Part IV, line 18	· a		-		
Other Rever	ь	Less: direct expenses	. b			-	
		Net income or (loss) from fundra		0	<u> </u>		
	9a	Gross income from gaming activi		- 23		yy= 1 1,5	
		See Part IV, line 19			,		
	b	Less: direct expenses		mai 12 m 35	1	0	4
	C	Net income or (loss) from gamin		0			<del> </del>
	10a	Gross sales of inventory, returns and allowances	1		(	^	
	_		· a				
	Ь	Less: cost of goods sold Net income or (loss) from sales		,	ŧ '	,	1
	<u> </u>	Miscellaneous Revenue	Business Code	<del> </del>	<del>                                     </del>	<del> </del>	
	11a	THE SHALL SH				ĺ	
	i i a				<del> </del>	<del> </del>	
	C			<del></del>			
	d	All other revenue		<del></del>	<del> </del>		
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		234,330.02			
		,		. 437,330,02			

Part IX Statement of Functional Expenses								
Section	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							
8b, 9l	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(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	41,141.66	41,141.66	· ·				
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			· _ ·				
<b>4</b> <b>5</b>	Benefits paid to or for members	23,962.50	11,981.25	11,981.25	<del>-</del> -			
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 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	1,971.42	985.71	985.71				
11	Fees for services (non-employees):							
<b>a</b>	Management	95,667.38	95,667.38	<del></del>				
b	Legal							
C	Accounting	1,457.05		1,457.05				
d e			The second second second					
<del>-</del>	Professional fundraising services. See Part IV, line 17- Investment management fees			<del></del>				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
Ð	(A) amount, list line 11g expenses on Schedule O.)	20.055.00	22.25.22					
12	Advertising and promotion	20,855.00 1,714.89	20,855.00					
13	Office expenses	4,656.69	1,714.89 3,501.53	1,155.16				
14	Information technology	1,245.00	1,245.00	1,155.10				
15	Royalties	7,2-10.00	1,240.00					
16	Occupancy	8,558.95	3,979.70	4,579.25				
17	Travel	8,661.49	8,661.49					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .							
23	Insurance	1,881.00		1,881.00				
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.)			, -	<b>\</b> f_2			
а	LWPT PUBLICATION PRINTING	E 000 00	5,000.00		<del></del>			
b	ANHA DUES	5,000.00 2,500.00	2,500.00					
c	HERITAGE LEADERSHIP INSTITUTE TRAINING	5,085.24	5,085.24		<u> </u>			
ď	BOARD MEETING EXPENSES	942.68	5,000.24	942.68				
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	225,300.95	202,318.85	22,982.10				
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							

	out V	Polary Object	<del> </del>		1 age
	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	et V		
	•	oncockii concediic o contains a response or note to any line in this Fa	(A) Beginning of year	İ	(B) End of year
	1	Cash—non-interest-bearing	54,637.82	1	110,280.60
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	200.00
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	-	5	-
Assets	6	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	
88	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	- ,		
	b	Less: accumulated depreciation 10b	·	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	116,947.36	15	70,175.65
	16	Total assets. Add lines 1 through 15 (must equal line 34)	171,585.18	16	180,656.25
	17	Accounts payable and accrued expenses	45.35	17	87.35
	18	Grants payable		18	<u></u>
	19	Deferred revenue		19	 
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-	-	,
<u>.</u>	~	•		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		05	
	26		45.05	25 26	07.25
	20	Total liabilities. Add lines 17 through 25	45.35	20	87.35
98		complete lines 27 through 29, and lines 33 and 34.	1		_
Ş	27	Unrestricted net assets	· 171,539.83	27	180,568.90
8	28	Temporarily restricted net assets	171,335.63	28	180,300.30
<b>1</b> 0	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ø	30	Capital stock or trust principal, or current funds		30	•
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<u>e</u>	33	Total net assets or fund balances	171,539.83	33	180,568.90
4	34	Total liabilities and net assets/fund balances	171,585.18		180,656.25

Form **990** (2016)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

	ORTHERN RIO GRANDE NATIONAL						61154		
Pai							ons.		
	organization is not a private found						1		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust described	in <b>section 170(b</b> )	)(1)(A)(vi). (Complete	Part II.)					
9	An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	er the nar	ne, city, and state of	the college or		
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	l to its exempt fu it income and un after June 30, 197	nctions—subject to c related business taxa 75. See <b>section 509</b> (a	ertain ex ble incon a)(2). (Co	ceptions, ne (less s mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its		
	An organization organized and								
12	An organization organized and								
	of one or more publicly supp								
	Check the box in lines 12a.thro	-	• • • •		_	· ·			
а	Type i. A supporting organ the supported organization								
	supporting organization. Y								
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same					
c	Type III functionally integits supported organization	rated. A suppor	ting organization ope	rated in c			ally integrated with,		
d	☐ Type III non-functionally that is not functionally inte	integrated. A su grated. The orga	pporting organization	operated st satisfy	d in conn a distribi	ection with its suppo ution requirement an			
	requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.			
е	Check this box if the organ functionally integrated, or						e II, Type III		
f	Enter the number of supported						[]		
g	Provide the following informatio	<del></del>	<del>,                                     </del>	<del></del>		<del> </del>			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1~10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)							<del></del>		
Total	<del></del>	-	<del></del>	<del></del>	<del> </del>	<del> </del>			

	(Complete only if you checked to						alify under
Sect	<ul> <li>Part III. If the organization fails to ion A. Public Support</li> </ul>	o quality unde	er the tests is	stea below, pi	ease comple	te Part III.)	
	idar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	(a) 2012	( <b>b)</b> 2013	(6) 2014	(0) 2013	(e) 2010	(i) i Otai
	membership fees received. (Do not						
	include any "unusual grants.")	175,227	115,932	164,058	208,197	234,330	897,744
2	Tax revenues levied for the	1,0,22.	110,002	104,000	200,107	201,000	007,77
	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				· <del></del>		
4	Total. Add lines 1 through 3	175,227	115,932	164,058	208,197	234,330	897,744
5	The portion of total contributions by						
	each person (other than a		- # /				
	governmental unit or publicly					İ	
	supported organization) included on				-		
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	F"		- •	i	j	
6	Public support. Subtract line 5 from line 4	<del></del>	· · · · · · · · · · · · · · · · · · ·	-			007.744
	on B. Total Support	<u>i                                     </u>		<u></u>			897,744
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	175,227	115,932	164,058	208,197	234,330	897,744
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	i		l		1	
	is regularly carried on						
10	Other income. Do not include gain or	Ì		1		ł	
	loss from the sale of capital assets			1			
	(Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	(aga instruction	) = 0\	t		40.	897,744
13	First five years. If the Form 990 is for the					12	501(c)(3)
10	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line	6. column (f) di	vided by line 1	1. column (f))		14	100 %
15	Public support percentage from 2015 Sci					15	100 %
16a	331/3% support test-2016. If the organi	ization did not	check the box	on line 13, an	d line 14 is 33	11/3% or more,	check this
	box and stop here. The organization qua						
b	331/3% support test-2015. If the organi	zation did not	check a box o	n line 13 or 16:	a, and line 15	is 331/3% or mo	ore, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test —2						
	10% or more, and if the organization me						
	Part VI how the organization meets the *			_			
	organization						
þ	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization r						
	supported organization						
18	Private foundation. If the organization di						
	instructions						
				<del></del>	<del></del>		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

MA 3-4

#### 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.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number NORTHERN RIO GRANDE NATIONAL HERITAGE AREA, INC. 26-2561154 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a 2b-Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Schedule	D (Form	9901	2016

Page 2

Part	Use Organizations Maintaining	g Coll	ections of	Art, His	torical 1	Treasures	s, or O	ther Simila	ar Ass	sets (c	ontir	nued)
3	Using the organization's acquisition, collection items (check all that apply)	acces	sion, and o	ther reco	rds, chec	k any of the	ne follo	wing that ar	e a si	gnifica	nt use	e of its
а	☐ Public exhibition			d	☐ Loan	or exchan	ge prod	ırams				
ь	☐ Scholarly research							*********				
c	Preservation for future generation	าร		-		**********		************			~~~~~	
4	Provide a description of the organiza XIII.		collections	and expl	ain how t	hey further	the on	ganization's	exem	pt puŋ	oose	in Part
5	During the year, did the organization assets to be sold to raise funds rathe	n solici er than	t or receive to be maint	donation	ns of art, part of the	historical t e organizat	reasure ion's c	es, or other ollection?	similaı 		es (	□ No
Part	IV Escrow and Custodial Arra	anger	nents.		*****							
	Complete if the organization 990, Part X, line 21.				-	•	-	•			n Fo	rm
1a	Is the organization an agent, trustee included on Form 990, Part X?						tions o	r other asse	ts no		es [	☐ No
b	If "Yes," explain the arrangement in F	Part XII	l and compl	ete the fo	llowing ta	able:		<del></del>	An	nount		
C	Beginning balance						10	;				
d	Additions during the year						10	1				
8	Distributions during the year		<i>.</i>				10					
f	Ending balance						11	1				
2a	Did the organization include an amou						ustodia	account lia	bility?	V	es [	☐ No
Ь	If "Yes," explain the arrangement in P											
Par										~		
	Complete if the organization	n ansv	vered "Yes	" on For	m 990, F	art IV, lin	e 10.					
		(a) (	Current year	(b) Pri	or year	(c) Two yea	rs back	(d).Three year	s back-	(e) For	ır years	s back
1a	Beginning of year balance											
b-	Contributions											
C	Net investment earnings, gains, and											
	losses	1		}						1		
d	Grants or scholarships									· · · · · ·		
e	Other expenditures for facilities and	-						<del> </del>				
_	programs	1		}						[		
f	Administrative expenses	<b> </b>										
_		<b> </b>								<del> </del>		
9 2		<u></u>		d balana	- (in a d -		N 5 5 5 5			L		
	Provide the estimated percentage of t		rent year er	o baland	e (line 1g	, column (a	i)) neia	as:				
a	Board designated or quasi-endowment Permanent endowment ▶	-		%0								
b		%	0.4									
C	Temporarily restricted endowment ►		%	000/								
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the				-atian the			ininto-od (	ar tha			
Va	organization by:	e poss	ession or tr	ie organi	zauon me	it are rielu	anu au	ministered	or me		V	TNA
	-									0-6	Yes	No
	(i) unrelated organizations									3a(i)		<del> </del>
	(ii) related organizations								• •	3a(ii)	<del>}</del>	┼
_	If "Yes" on line 3a(ii), are the related o						• •			3b	<u> </u>	<del></del>
4	Describe in Part XIII the intended uses			on's endo	wment it	inas.						
Part	, , ,											
	Complete if the organization	n answ							990, F	art X,	line	10.
	Description of property		(a) Cost or ot (investm			r other basis ther)		Accumulated epreciation		(d) Bo	ok valu	18
1a	Land		-									
b	Buildings	. [										
c	Leasehold improvements	. 1	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		<del></del>				_			
d	Equipment	. 1										
	Other	. 1							1			

Part VII	Investments—Other Securities		own OOO Doubly line	11h Coo Form	- 000 Port V line 12		
•	Complete if the organization answered "Yes" on Fo  (a) Description of security or category		(b) Book value		(c) Method of valuation:		
	(including name of security)		(b) Book Vado		l-of-year market value		
	derivatives	· · · · · · · · ·					
	held equity interests						
(3) Other	~~~~~~	. q. #q. = 5q. = p. q. = 5q.					
(^\)	***						
(B)							
(C)							
(D)							
(E)	**************************************						
(F)		***********	· <b> </b>  -				
(G)		************					
(H)	A)		-				
	b) must equal Form 990, Part X, col. (B) line 12.)		JL				
Part VIII	Investments—Program Relat		000 Dart IV line	44 a Cas Farm	. 000 Dart V line 19		
	Complete if the organization ar	iswered yes on Fo					
	(a) Description of investment		(b) Book value		thod of valuation: I-of-year market value		
(4)			<del> </del>		· · · · · · · · · · · · · · · · · · ·		
(1)			+				
(2) (3)			+				
(4)		<del></del>	<del>-  </del>		······································		
(5)			<del> </del>	<del> </del>			
(6)			<del> </del>				
(7)							
(8)							
(9)	- And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		<del> </del>				
	b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	1				
Part IX	Other Assets.			<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>		
	Complete if the organization ar	iswered "Yes" on Fo	orm 990, Part IV, line	11d. See Form	990, Part X, line 15.		
······································		(a) Description			(b) Book value		
(1) ACCRU	ED UNBILLED FEDERAL REIMBURSEI	SCAIT			63,925		
	EU UNDILLED FEDERAL REINDURSEI	ALC IA I			03,323		
(2) DONA!	ED EQUIPMENT	AIEIAI					
		MEINI					
(3)		WEIGI					
(3) (4)		VENT					
(3) (4)		VIEWI					
(3) (4) (5) (6)		VENT					
(3) (4) (5) (6) (7)		VENT					
(3) (4) (5) (6) (7) (8) (9)	ED EQUIPMENT						
(3) (4) (5) (6) (7) (8) (9) <b>Fotal.</b> (Colum	ED EQUIPMENT  mn (b) must equal Form 990, Part X,				6,250		
(3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, Other Liabilities.	col. (B) line 15.)			6,250. 70,175.		
(3) (4) (5) (6) (7) (8) (9) <b>Fotal.</b> (Colum	mn (b) must equal Form 990, Part X,  Other Liabilities.  Complete if the organization ar	col. (B) line 15.)	orm 990, Part IV, line		6,250. 70,175.		
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	mn (b) must equal Form 990, Part X,  Other Liabilities.  Complete if the organization ar line 25.	col. (B) line 15.)	orm 990, Part IV, line		6,250. 70,175.		
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	col. (B) line 15.)	orm 990, Part IV, line		6,250. 70,175.		
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	col. (B) line 15.)	orm 990, Part IV, line		6,250. 70,175.		
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	col. (B) line 15.)	orm 990, Part IV, line		6,250 70,175		
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colui Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	col. (B) line 15.)	orm 990, Part IV, line		6,250 70,175		
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colui Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	col. (B) line 15.)	orm 990, Part IV, line		6,250 70,175		
(3) (4) (5) (6) (7) (8) (9) Total. (Coluil Part X (1) Federal in (2) (3) (4) (5)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	col. (B) line 15.)	orm 990, Part IV, line		6,250 70,175		
(3) (4) (5) (6) (7) (8) (9) Fotal. (Coluil Part X (1) Federal in (2) (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	col. (B) line 15.)	orm 990, Part IV, line		70,175		
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colunt Part X (1) Federal in (2) (3) (4) (5) (6) (7)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	col. (B) line 15.)	orm 990, Part IV, line		6,250 70,175		
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	col. (B) line 15.)	orm 990, Part IV, line		6,250 70,175		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	col. (B) line 15.) Iswered "Yes" on Fo	orm 990, Part IV, line		6,250. 70,175.		

u an	Reconciliation of Revenue per Audited Financial Statem	ents with Revenue per	netum.
	Complete if the organization answered "Yes" on Form 990,		
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:	1 1	1 1
а	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities	2b	]
C	Recoveries of prior year grants	2c	]
đ	Other (Describe in Part XIII.)	2d	]
9	Add lines 2a through 2d		20
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1
р	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	]
d	Other (Describe in Part XIII.)	2d	]
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	]
b-	Other (Describe in Part XIII.)	- 4h	1 1
		1 700	
C _	Add lines 4a and 4b		4c
c 	Add lines 4a and 4b		4c 5
5 Part	Add lines 4a and 4b	e 18.)	5
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4c. (This must equal Form 990, Part III, lines 1a and 9).	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4c. (This must equal Form 990, Part III, lines 1a and 9).	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4c. (This must equal Form 990, Part III, lines 1a and 9).	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4c. (This must equal Form 990, Part III, lines 1a and 9).	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4c. (This must equal Form 990, Part III, lines 1a and 9).	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4c. (This must equal Form 990, Part III, lines 1a and 9).	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line 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.

2016

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

NORTHERN RIO GRANDE NATIONAL HERITAGE AREA, INC.	26-2561154
Form 990, Part VI, Section B, Line 11b, Review of Form 990:	
The content of the Form 990 and its schedules was reviewed with the Board at its last regular meetin	g prior to filing of the Form 990 return.
The financial statements that underlie the Form 990 were reviewed with the Board at its last meeting,	and with the Finance Committee prior
to completion of the final return. A complete copy of the filed return will be provided to each Board r	nember.
Part VI, Section B, Line 15a, Determination of Executive Compensation:	
The compensation of the Executive Director is based on review of performance in preparation for co	mpletion of the Director's contract.
Review is performed by the entire Board in Executive session led by the Board President. A three-ye	ar contract term was agreed to at the
April 2016 Board Meeting. Any change to the contract would be reviewed by the entire Board. Actual	compensation is reviewed monthly by
the Board President and presented in the financial information reviewed with the entire Board at its r	egular meetings.
Part VI, Section C, Line 19, Public Disclosure of Governing Documents, Policy, and Financial Information	on:
We did not have any requests for access to governing documents, conflict of interest policies, or final	incial statements this year, other than
in submission of copies of tax returns to other regulatory agencies. We do file a complete copy of all	such documents with the NM
Attorney General in their online system, and this is available for access by the general public and any	y other interested party. We retain a
copy of all such documents in our office for use in making copies available for any who may ask, and	l are working to provide further
access to such information on our website.	·
Part VI, Section C, Line 20: The organization's books and records are maintained at the Heritage Area	headquarters, which is located at
848 State Road 68, Alcalde, NM 87511. Telephone: 505-852-0030.	
Financial Records are in control of Thomas A. Romero, Executive Director	
Office and Corporate records are maintained by Sandy Cata, Office Manager	
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