Forr	ո 990-† 🔍	E	xempt Organizati	ion Busi	ne	ss Income T	ax Return	ı	OMB No 1545-0687		
,	(and proxy tax under section 6033(e))								2047		
•	(6)	For cal	endar year 2017 or other tax year beginning	_	ZU 17						
	artment of the Treasury	ン _▶	► Go to www irs gov/For Do not enter SSN numbers on this t						Open to Public Inspection for 501(c)(3) Organizations Only		
Ā	Check box if		Name of organization (Check					D Emp	D Employer identification number (Employees' trust, see		
_	address changed		instructions)								
В	xempt under şeçtion	Print	Learning Inc						85-0425324 elated business activity codes		
	501(c)(3 U) 7	501(c)(31) 9 or Number, street, and room or suite no. If a P.O. box, see instructions.									
	408(e)	Туре	206 Frontage Roa						·		
L	408A		City or town, state or province, cour Rio Rancho, NM								
<u></u>	529(a)	323	3100								
C B	ook value of all assets end of year	4.0	F Group exemption number (See in			[F04/ \					
			G Check organization type ► X				401(a)	trust	Other trust		
	_		ary unrelated business activity. > F					17	es X No		
	-		oration a subsidiary in an affiliated gr tifying number of the parent corporati		-subs	idiary controlled group?	▶ ∟	٢	es X No		
			Noreen Scott	1011.		Talanh	one number > 5	0.5	206_1122		
			de or Business Income	·		(A) Income	· (B) Expenses		(C) Net		
L	Gross receipts or sale		61,611.	T		(1.)	(o) Disposition		(0)		
	Less returns and allow		c Balanc	e 🕨	10	61,611.					
	Cost of goods sold (S				2	60,165.					
2019	Gross profit. Subtract		•	<u> </u>	3	1,446.					
~_4a	Capital gain net incom										
b			art II, line 17) (attach Form 4797)		4b						
<u> </u>	Capital loss deduction				4c						
ш5	Income (loss) from partnerships and S corporations (attach statement) 5										
LL 6	Rent income (Schedule C) 6										
\bigcirc 7	Unrelated debt-financed income (Schedule E)										
₩ 8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)										
3 9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)										
SCANNED	Exploited exempt activ			10							
- •	Advertising income (Schedule J)										
12	Other income (See instructions; attach schedule) Total. Combine lines 3 through 12 12 13 1,446.								1 440		
13 D:			gn 12 o t Taken Elsewhere (See in	etructions for	13	1,446.			1,446.		
							s income)				
14	(Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule NECEIVED) Salaries and wages										
15	Salaries and wages										
16	Repairs and mainten	ance	NON S	10.	70	1		16			
17	Bad debts		ISI NOV	1 9 2018	Ϊ́			17	<u> </u>		
18	Interest (attach sche	dule)			18			18			
19	Taxes and licenses	ono (Sa	CGD CGD	EN. UT	-=			19 20			
20 21	Depreciation (attach		e instructions for inflication rules)			21		20			
22	•		n Schedule A and elsewhere on return	1		22a		22b			
23	Depletion Depletion		Toolisadie A and cisewhere on return			[224]		23	-		
24	Contributions to defe	erred co	mpensation plans					24			
25	Employee benefit pro							25			
26	Excess exempt exper	-	chedule I)					26			
27	Excess readership co							27			
28	Other deductions (at	tach sch	edule)					28			
29	Total deductions Ad		29	1,368.							
30	Unrelated business to		30	78.							
31	Net operating loss de	eduction	(limited to the amount on line 30)					31			
32	Unrelated business to	axable 11	ncome before specific deduction. Sub	tract line 31 fro	m line	30		32	78.		
33			\$1,000, but see line 33 instructions	-		1		33	1,000.		
34		taxable	income Subtract line 33 from line 3	2. If line 33 is gi	eater	than line 32, enter the sm	aller of zero or				
	line 32							34	0.		

	_	. The Rio Rancho Center for Hands On				
Form 990-1		Learning Inc	85-04	25324	F	Page 2
Part I	ר וו	ax Computation				
35	Organ	izations Taxable as Corporations. See instructions for tax computation.				
	Contr	olled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:				
a	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1)	S (2) S (3) S				
b	Enter	organization's share of: (1) Additional 5% tax (not more than \$11,750)				
	(2) A	dditional 3% tax (not more than \$100,000)				
C	Incom	ne tax on the amount on line 34	>	35c		<u>0.</u>
36	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 fro	om:			
		Tax rate schedule or Schedule D (Form 1041)	>	36		
37	Proxy	tax. See instructions	🕨	37		
38	Altern	ative minimum tax		38		
39		n Non-Compliant Facility Income See instructions		39		
40_		Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0.
Part I	<u> </u>	ax and Payments				
41a	Foreig	in tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		_		
b	Other	credits (see instructions) 41b		_		
C	Gener	al business credit. Attach Form 3800		→		
đ	Credit	for prior year minimum tax (attach Form 8801 or 8827)		⊣		
е	Total	credits Add lines 41a through 41d		41e		
42	Subtra	act line 41e from line <u>40</u>		42		0.
43	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Otl	her (attach schedule)	43		
44	Total	tax. Add lines 42 and 43		44		0.
45 a	Paym	ents: A 2016 overpayment credited to 2017				
b	2017	estimated tax payments 45b				
C	Tax d	eposited with Form 8868		_		
d	Foreig	in organizations: Tax paid or withheld at source (see instructions) 45d		_		
е	Backu	p withholding (see instructions) 45e				
f	Credit	for small employer health insurance premiums (Attach Form 8941) 45f		_		
g	Other	credits and payments: Form 2439				
•		Form 4136 Other Total > 45g				
46	Total	payments. Add lines 45a through 45g		46		
47	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		47		
48		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed	. ▶	48		0.
49		ayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	>	49		0.
50	_	the amount of line 49 you want: Credited to 2018 estimated tax	Refunded >	50		
Part \	/ 5	Statements Regarding Certain Activities and Other Information (see ins	structions)			
51	At any	time during the 2017 calendar year, did the organization have an interest in or a signature or other aut	hority		Yes	No
	over a	i financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to	o file			
		N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign coun				
	here					<u>X</u>
52	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trust?			X
		s, see instructions for other forms the organization may have to file	-			
53	Enter	the amount of tax-exempt interest received or accrued during the tax year > \$				
	Un	cer penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, an recti and complete Declaration of preparer (either than taxpayer) is based on all information of which preparer has any known and the preparer has a prep	d to the best of my ki	nowledge and belie	f, it is true,	
Sign	CO	rect and complete Declaration of preparer (other than taxpayer) is based on all mioritation of which preparer has any kitch		May the IRS discu	es this return w	vith
Here		Aa Ca 11-15-2018 Treasurer		the preparer show		
		Signature of officer Date Title		instructions)?	Yes	No
		Print/Type preparer's name Preparer's signature Date	Check	if PTIN		
Paid		Karen J Delle Site	self- employe	I		
Prepa	arer	CPA CHILDRE 1/15/1		27263		
Use C		Firm's name ▶ Verian Advisors & CPAs	Firm's EIN	<u>85-0</u>	45076	<u>5</u>
	,	2469 Corrales Road Suite A-5				
		Firm's address ► Corrales, NM 87048	Phone no.	(505) 8		
				For	m 990-T (2017)

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

990

Attachment Sequence No 179

► Attach to your tax return. Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates Identifying number

The Rio Rancho Center Learning Inc	for Hand	s On	For	m 0	م ۱	Page 10		85-0425324
Part Election To Expense Certain Property	Under Section 1	70 Note: If you					t V hefore	
	7 Onder Section 17	ra Mote, ii you	riave arry is	steu pr	operty,	complete Fai	1	510,000.
1 Maximum amount (see instructions)	-l (2	310,000.
2 Total cost of section 179 property place	•	•					3	2,030,000.
3 Threshold cost of section 179 property b			•				4	2,030,000.
4 Reduction in limitation Subtract line 3 fr								
5 Dollar limitation for tax year Subtract line 4 from line		-0- If married filing					5	
6 (a) Description of prop	erty		(b) Cost (busin	ess use	опіу)	(c) Elected	cost	
								_
	_							_
								_
7 Listed property Enter the amount from I	ne 29				7		1	_
8 Total elected cost of section 179 proper	ty Add amounts	ın column (c)	lines 6 and	7			8	
9 Tentative deduction Enter the smaller of	f line 5 or line 8						9	
10 Carryover of disallowed deduction from	ine 13 of your 20	016 Form 456	2				10	
11 Business income limitation. Enter the sm	aller of business	income (not l	ess than zei	ro) or li	ne 5		11	
12 Section 179 expense deduction Add lin	es 9 and 10, but	don't enter m	ore than line	11			12	
13 Carryover of disallowed deduction to 20	18 Add lines 9 a	ınd 10, less lin	e 12	>	13			
Note: Don't use Part II or Part III below for II								
Part II Special Depreciation Allowan	ce and Other D	epreciation (l	Oon't includ	e listed	prope	rty)		
14 Special depreciation allowance for qualif								
the tax year	.oo p.opo.t, (o		F. 4F 2. 1)/ F.				14	
15 Property subject to section 168(f)(1) elec	tion						15	
16 Other depreciation (including ACRS)	LIOIT						16	56,706.
Part III MACRS Depreciation (Don't	actude listed pro	nerty) (See in	etructions \				1 10	30,7001
WACKS Depreciation (DOIT (iciade listed pro		tion A					
47 MACRO dedications for secretary placed in				7			17	<u> </u>
17 MACRS deductions for assets placed in	-	• •					¬	<u></u>
18 If you are electing to group any assets placed in service	_						ation Sun	
Section B - Assets F	(b) Month and	(c) Basis for (•	T			The state of the s	lem
(a) Classification of property	year placed in service	(business/inv only - see in	estment use		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	n.		_		_			
b 5-year property								
c 7-year property								
d 10-year property			_					
e 15-year property								
f 20-year property								
g 25-year property				2	5 yrs		S/L	
•	/	-		T	5 yrs	MM	S/L	
h Residential rental property	/			27 5 yrs		MM	S/L	
*	/			39 yrs		ММ	S/L	
 Nonresidential real property 	,				_ ,	MM	S/L	<u> </u>
Section C - Assets PI	aced in Service	During 2017	Tax Year U	sina th	ne Alte			estem
·	1000 111 001 1100		100 100 0	J, <u>g</u> <u></u>			S/L	1
20a Class life		- -		-	2 vrc		S/L	
b 12-year					2 yrs	- 1	+	
C 40-year	/			1 4	0 yrs	MM	S/L	
Part IV Summary (See instructions)		_	-					
21 Listed property Enter amount from line							21	
22 Total. Add amounts from line 12, lines 1	-							
Enter here and on the appropriate lines	of your return Pa	artnerships an	d S corpora	tions -	see ins	str	22	56,706.
23 For assets shown above and placed in s	ervice during the	current year,	enter the					
portion of the basis attributable to section	n 263A costs				23			

The Rio Rancho Center for Hands On

Form 4562 (2017) Learning										0425			
Part V Listed Property (Include automobile	es, certain o	ther vehic	cles, cer	taın airci	raft, ce	rtain com	puters, a	and prop	erty use	ed for en	tertaınm	ent,	
recreation, or amusement) Note: For any vehicle for which you	are using th	e standaı	rd milead	ge rate c	r dedu	ucting leas	se exper	se. com	olete on	ılv 24a. 2	24b. colu	umns	
(a) through (c) of Section A, all of Se													
Section A - Depreciation and O	ther Inform	ation (Ca	aution: S	See the i	nstruc	tions for li	mits for	passeng	er autor	nobiles)			
24a Do you have evidence to support the business/inv	estment use o	laimed?	<u> </u>	es 🗀	_ No	24b If "Y	es," ıs tl	ne evidei	nce writ	ten?	_ Yes ∟	No.	
(a) (b) (c		(d)	. _	(e)		(f)		(g)	((h)		(1)	
Type of property placed in invest	ness/ tment	Cost or	(but	sis for depri siness/inve		Recovery		thod/		eciation		cted on 179	
(list vehicles first) placed in linvesing service use per		other basis		use only		period	Conv	ention	ueui	uction 		ost	
25 Special depreciation allowance for qualified li	sted proper	y placed	ın servi	ce during	g the ta	ax year an	ď		İ				
used more than 50% in a qualified business i	use							25					
26 Property used more than 50% in a qualified b	ousiness use)											
	%												
	%									_			
	%												
27 Property used 50% or less in a qualified busin	ness use												
	%						S/L·						
	%						S/L·]		
	%						S/L·]		
28 Add amounts in column (h), lines 25 through	27 Enter he	re and or	ı lıne 21	, page 1				28]		
29 Add amounts in column (i), line 26 Enter here	and on line	7, page	1	. •						29			
		B - Infor		on Use	of Vet	nicles							
Complete this section for vehicles used by a sole	proprietor,	partner, c	or other '	more th	an 5%	owner," o	or relate	d person	If you	provided	l vehicle	s	
to your employees, first answer the questions in S	•							-	-	•			
,,,,		, ,					3						
		(a)		 b)		(c)		d)	1	e)	((f)	
30 Total business/investment miles driven during the	l l	hicle	1	nicle	Ιv	ehicle		nicle	1 '	nicle	l	nicle	
year (don't include commuting miles)								-					
31 Total commuting miles driven during the year													
32 Total other personal (noncommuting) miles												-	
driven													
33 Total miles driven during the year													
Add lines 30 through 32													
34 Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
during off-duty hours?	163	110_	163	140	103	110	163	110	163	110	163	110	
35 Was the vehicle used primarily by a more			<u> </u>	 							<u></u>		
than 5% owner or related person?													
36 Is another vehicle available for personal							ļ ——	1	 	<u> </u>			
use?													
Section C - Questi	one for Emi	Novers V	Vho Pro	vide Vel	nicles	for lise h	v Their	Employe	200	!			
Answer these questions to determine if you meet	•	•					-			ren't mo	re than	5%	
owners or related persons	an exception	// to com	ipieting (30011011	D 10, V	critores as	cu by c	iipioyee	o willo a	i en e inc	ine triair	570	
37 Do you maintain a written policy statement th	at prohibits	all nerso	nal use (of vehicle	es inc	ludina cor	nmutina	hy you	r		Yes	No	
employees?	iat promotts	an person	na use (or verner	cs, inc	idding coi	maaaag	, by you	•		163	1.40	
38 Do you maintain a written policy statement th	at prohibits	nersonal	use of v	ehicles	evcer	t commut	ina hvi	/OUr				 	
employees? See the instructions for vehicles	•	•		•				, 00.					
39 Do you treat all use of vehicles by employees	•	•	1110013, 0		, 01 170	0, 111010	04411013					 -	
40 Do you provide more than five vehicles to you	•		ınformat	ion from	Vour	employee	e about					 	
the use of the vehicles, and retain the informa			moma		, your	ciripioyee.	3 about						
41 Do you meet the requirements concerning qu			monetra	ition i iee	.2							+	
Note: If your answer to 37, 38, 39, 40, or 41 i						overed vel	hicles				-		
Part VI Amortization	5 Tes, QUI	rt compi	ele Seci	1011 6 101	tile Ct	overed ver	licies				<u> </u>		
(a)	(b)	T	(c)			(d)		(e)	[(f)		
Description of costs	Date amortizatio	n	Amortizat			Code section		Amortiza		Ai fo	nortization or this year		
40. Amortization of costs that begins during your	begins		anoun	-		3600001		period or per	centalit	- 10	una year		
42 Amortization of costs that begins during your Loan Costs	04281		0	,643	1		1	120	M I			576.	
LOGII COSES	<u>04201</u>	'		,043	' • 	_	+	140	LT.			J 1 0 •	
42. Amortization of conto that heavy hoters were	2017 +04 :								43				
43 Amortization of costs that began before your	•								43			576.	
++ Total. Add amounts in column (t) See the ins	Total. Add amounts in column (f) See the instructions for where to report 44										_	<u>.,,,, </u>	