	Form	990-T	E	Exempt Organization Bus	sine	ss l	Income T	ax Return	1	OMB No 1545-0687		
				D	0040							
			Forca	lendar year 2018 or other tax year beginning $\underbrace{\mathrm{JUL} \ 1}_{,}$	<u>9</u>	2018						
	Depart Interna	ment of the Treasury If Revenue Service	•	(and proxy tax und lendar year 2018 or other tax year beginning JUL 1, ■ Go to www.irs.gov/Form990T for it ■ Do not enter SSN numbers on this form as it may		Open to Public Inspection for 501(c)(3) Organizations Only						
	A [Check box if address changed		Name of organization (Check box if name of	(Em	oloyer identification number ployees' trust, see uctions)						
	B Ex	empt under section	Print	VALLE DEL SOL INC.					[8	86-0251255		
	X] 501(C Q 3)	or	Number, street, and room or suite no. If a P O box, see instructions.						E Unrelated business activity code (See instructions.)		
		408(e) 220(e)] `	•							
] 408A530(a)] 529(a)										
	C Boo	ok value of all assets nd of year										
	are	7,783,7	trust	Other trust								
	H Ent	ter the number of the	related	j								
	trac	de or business here 🕽	<u> </u>	EE STATEMENT 1			If only one,	complete Parts I-V.	lf mor	e than one,		
	des	cribe the first in the b	lank spa	ace at the end of the previous sentence, complete Pa	arts I an	d II, co	omplete a Schedule	M for each addition	al trad	e or		
		iness, then complete										
				poration a subsidiary in an affiliated group or a pare	nt-subs	diary	controlled group?	►L	J Y	es X No		
				tifying number of the parent corporation.					~ ~	00 050 6505		
	Pai			MARCIA PRUITT de or Business Income				one number > 6		**		
				de or business income	1		(A) Income	(B) Expenses		(C) Net		
		Gross receipts or sale		- Polence				1, 11	" .	1		
	-	Less returns and allow Cost of goods sold (S		c Balance	1c 2		*./			1		
		Gross profit. Subtract		•	3							
		Capital gain net incom			4a			£1 20				
		· -	•	Part II, line 17) (attach Form 4797)	4b			3 24 , 5 %				
		Capital loss deduction						i				
	5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5		12.40.					
	6	Rent income (Schedu	le C)		6		/					
	7	Unrelated debt-financ	ed incor	ne (Schedule E)	7/	7/ RECEIVED						
		•		nd rents from a controlled organization (Schedule F)				18	<u> </u>			
				on 501(c)(7), (9), or (17) organization (Schedule G)	1		E JUL	<u> </u>				
		Exploited exempt activ	-	· · · · · · · · · · · · · · · · · · ·	10		S JOL :	0 2020 S				
		Advertising income (S		•	11		000	=N·IIT-	╂—			
		Other income (See ins Total, Combine lines			12		OGD	EIN, UT	}			
	Par	rt II. Deductio	ns No	ot Taken Elsewhere (See instructions for		ations	on deductions)					
	7	(Except for d	contribi	utions, deductions must be directly connected	d with t	he un	related business	ıncome)				
	14	Compensation of off	icers, di	rectors, and trustees (Schedule K)		-			14			
	15	Salaries and wages							15			
	16	Repairs and mainten	ance						16			
	17	Bad debts						17				
	18	Interest (attach sche	dule) (s	ee instructions)								
7	19	Taxes and licenses							19			
1707	20			e instructions for limitation rules)			1 - 1		20			
2	21		preciation (attach Form 4562) ss depreciation claimed on Schedule Mand elsewhere on return pletion									
7	22 23											
Ļ	23 24	•										
	25		Contributions to deferred compensation plans imployee benefit programs									
_	26	Excess exempt exper		chedule I)					25 26			
	27	Excess readership co							27			
_	28	Other deductions (at							28			
Ę	29	Total deductions. A							29	0.		
א	30	Unrelated business to	axable ıı	ncome before net operating loss deduction. Subtrac	t line 29	from	line 13		30	0.		
	31			loss arising in tax years beginning on or after Janua	ry 1, 20	18 (se	e instructions)		31	, 1		
	32			ncome. Subtract line 31 from line 30			<u>-</u> .		32	0.		
	82370	1 01-09-19 LHA Fo	r Paper	work Reduction Act Notice, see instructions.						Form 990-T (2018)		

Form 990- (201				86-02	51255	Page 2
Part III	Total Unrelated Business Taxab	le Income	······		. ,,	
33 Tot	al of unrelated business taxable income compute	d from all unrelated trades or businesses	(see instructions)		3,3	0.
34 Am	ounts paid for disallowed fringes				34	
35 Dec	fuction for net operating loss arising in tax years	beginning before January 1, 2018 (see in	structions)		35	
	al of unrelated business taxable income before sp					
	s 33 and 34				36	
	ecific deduction (Generally \$1,000, but see line 37	7 instructions for exceptions)		8 3%	8	1,000.
	related business taxable income. Subtract line 3		ine 36	0 0/0		
11	er the smaller of zero or line 36	or non-mile of them of the greater than t			38	0.
Part IV	Tax Computation				1 1	
	anizations Taxable as Corporations. Multiply III	ne 38 hy 21% (0.21)			39	0.
	sts Taxable at Trust Rates. See instructions for		unt on line 38 from		"	
40 [10	Tax rate schedule or Schedule D (Form	·	3111 OH 11110 OO 11 OH	_	40	
41 0-0	-	11 1041)			41	
	xy tax. See instructions				42	
4.1	ernative minimum tax (trusts only)	*****				
	on Noncompliant Facility Income. See instruct al. Add lines 41, 42, and 43 to line 39 or 40, whice				43	0.
	Tax and Payments	chever applies			44	
Part		and the form 1110	- 1 /- 1		- -	
	eign tax credit (corporations attach Form 1118, to	rusis attach Form 1116)	45a		⊣ (
	er credits (see instructions)		45b		- [
	neral business credit. Attach Form 3800		45c		⊣ {	
	dit for prior year minimum tax (attach Form 8801	1 or 8827)	[45d]		<u> </u>	
	al credits. Add lines 45a through 45d		(45el	
	otract line 45e from line 44		,		46	0.
		Form 8611 L Form 8697 L Form	1 8866 Other	(attach schedule)	47	
	al tax. Add lines 46 and 47 (see instructions)				48	0.
	8 net 965 tax liability paid from Form 965-A or F	orm 965-B, Part II, column (k), line 2	1 1 1		49	0.
-	ments: A 2017 overpayment credited to 2018		50a		⊣ {{	
	8 estimated tax payments		50b		⊣ \ 	
c Tax	deposited with Form 8868		50c			
d For	eign organizations. Tax paid or withheld at source	e (see instructions)	50d		- 	
e Bac	kup withholding (see instructions)		50e		_ {}	
f Cre	dit for small employer health insurance premium	s (attach Form 8941)	501		_ կ	
g Oth	er credits, adjustments, and payments: For	rm 2439			1 11	
	Form 4136 Oth	ner Total	▶ 50g		∐ Ⅱ	
51 Tot	al payments. Add lines 50a through 50g		1		51	
52 Est	mated tax penalty (see instructions). Check if For	rm 2220 is attached 🕨 🔙	\		52	
53 Tax	due. If line 51 is less than the total of lines 48, 4	19, and 52, enter amount owed		>	53	
54 Ove	erpayment. If line 51 is larger than the total of lin	es 48, 49, and 52, enter amount overpaid		>	54	
	er the amount of line 54 you want: Credited to 20			funded 📂	55	
Part VI	Statements Regarding Certain A	Activities and Other Informa	tion (see instru	ctions)	1	
56 At a	any time during the 2018 calendar year, did the oi	rganization have an interest in or a signat	ure or other authorit	у	ı	Yes No
ove	r a financial account (bank, securities, or other) i	n a foreign country? If "Yes," the organiza	tion may have to file)		
Fine	CEN Form 114, Report of Foreign Bank and Finan	cial Accounts If "Yes," enter the name of	the foreign country			
her	e >					X
57 Dur	ing the tax year, did the organization receive a dis	stribution from, or was it the grantor of, o	or transferor to, a for	eign trust?		X
If "Y	es," see instructions for other forms the organiza	ation may have to file				
58 Ent	er the amount of tax-exempt interest received or	accrued during the tax year >\$				
I	Under penalties of perjury, I declare that I have examined to correct, and complete. Declaration of preparer (other than to	taynaver) is based on all information of which pre-	narer has any knowledne		edge and belief, it is	; true
Sign	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHIEF	EXECUTIV	H) 📻	May the IRS discuss	this return with
Here	MILLE DE	7/5/2026 OFFICE			viay the ins discuss the preparer shown	
	Signature of officer	Date Title		1	nstructions)? X	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid		-		self- employed	i	
Preparei	BRENDA BLUNT	BRENDA BLUNT	07/15/20	, , -	P000	
Use Only	NOTED DATITY I	LLP	•	Firm's EIN		250958
OSE OIN		ELBACK RD, STE 900			.	
		Z 85016-9065		Phone no.	602-381-	-0381
823711 01-09-1						990-T (2018)
						, -,

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A				·	
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases	2	7 Cost of goods sold. Subtract line 6							
3 Cost of labor	from line 5. Enter here and in Part I,						X		
4 a Additional section 263A costs				line 2			_7_	<u> </u>	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	
 Other costs (attach schedule) 	4b		_	property produced or a	acquired for resale) apply to				
5 Total Add lines 1 through 4b	5		<u></u>	the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	perty	<u> </u>	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2(a) Dadiustions dispet		ated with the income	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directl columns 2(a) a	and 2(b) (attach schedule)	П
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	ın (A)	>			0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	>		0.
Schedule E - Unrelated De	bt-Financed	Income (see	ınstru	ctions)					
			2	2. Gross income from or allocable to debt-		Deductions directly co to debt-finar	nnected nced prop	perty	
1. Description of debt-f	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns)
(1)									
(2)		*********							
(3)							" "	•	
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	olumns
(1)			+	%			-		
(2)				%					
(3)				%					
(4)				%					
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions	included in colum	n 8		P 1		. <u></u>			0.

Schedule F - Interest, A	Annuitie	s, Royan	ies, and		Controlled O			tions	see ins	struction	ns)
Name of controlled organization		2. Emi identific num	cation	3. Net unr	related income a instructions)	4 Tot	yments made included in the controlling connecte			6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)						<u> </u>		ļ <u>.</u>			<u> </u>
(4)				1							
Nonexempt Controlled Organi				1						Γ	
7. Taxable Income		inrelated incom see instructions		9. Total	of specified payi made	ments	10 Part of column in the controlling gross	nn 9 tha ng orgar s income	nization's	11, De wit	eductions directly connected h income in column 10
(1)											
(2)							_				
(3)											
(4)	1										
							Add colun Enter here and line 8, d		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme		ne of a S	ection	501(c)(7	7), (9), or (17) Org	ganization				
(see inst	ructions)				T						
1. Desc	ription of inco	me			2. Amount of	ıncome	 Deduction directly connect 	cted	4. Set-	asides schedule)	5 Total deductions and set-asides
/4)							(attach sched	lule)	\allen \a	scrioddie,	(col 3 plus col 4)
(1)											
(2)											
(4)											
(1)	•				Enter here and				<u> </u>		Enter here and on page 1,
					Part I, line 9, co	itumn (A)		•			Part I, line 9, column (B)
Totals				>		0.					0.
Schedule I - Exploited	-	Activity	Income	e, Other	Than Adv	vertisin	g Income				
(see instru	Jetions)				4				ĭ		
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly of with pro of uni	penses connected oduction related s income	4 Net incon from unrelated business (co minus colum gain, comput through	d trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colu		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	,										
(3)											
(4)									L		
	page 1	re and on I Part I, col (A)	page 1	re and on I, Part I, col (B)			_ 、				Enter here and on page 1, Part II line 26
Totals •	<u> </u>	0.		0.							0.
Schedule J - Advertision			nstruction			D ' -					
Part I Income From	Periodic	ais Repo	ortea oi	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)						•]
(3)]
(4)											
Totals (carry to Part II, line (5))	•	(0							0.
											- 000 T

Form 990-T (2018) VALLE DEL SOL INC. Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation Income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.		•	•	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•	`	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

TAXPAYER HAD NO UBI. FILING FOR REFUND OF EXTENSION PAYMENT ONLY.

TO FORM 990-T, PAGE 1