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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2011 or tax year beginning

, 2011, and ending

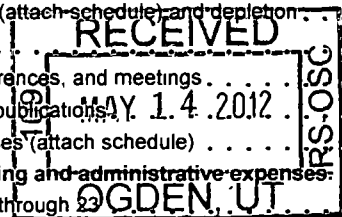
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Name of foundation CHARLES & ADELE ILFELD FOUNDATION, INC. aka JEFF SALMAN		A Employer identification number 85-0312053
Number and street (or P O box number if mail is not delivered to street address) PO Box 68		B Telephone number (see instructions) (505) 425-9421
City or town, state, and ZIP code Las Vegas, NM 87701		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply:	Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/>	D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 720,449	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	2,304			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	507	507		
	4 Dividends and interest from securities	13,312	13,312		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	53,017			
	b Gross sales price for all assets on line 6a	119,602			
	7 Capital gain net income (from Part IV, line 2)		53,017		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	69,140	66,836			
Additional operating expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	STM108			
	b Accounting fees (attach schedule)	STM109	3,998	1,297	2,701
	c Other professional fees (attach schedule)		1,401	1,401	
	17 Interest	STM110			
	18 Taxes (attach schedule) (see instructions)		557	335	10
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23		5,956	3,033	2,711
	25 Contributions, gifts, grants paid		49,000		49,000
26 Total expenses and disbursements. Add lines 24 and 25		54,956	3,033	51,711	
27 Subtract line 26 from line 12		14,184			
a Excess of revenue over expenses and disbursements			63,803		
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)					

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	218,247	44,454	44,454	
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)	572,227	592,410	592,410	
	c	Investments - corporate bonds (attach schedule)		82,813	82,813	
	Liabilities	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)				
12		Investments - mortgage loans				
13		Investments - other (attach schedule)				
14		Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
15		Other assets (describe)	100	772	772	
16		Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	790,574	720,449	720,449	
17		Accounts payable and accrued expenses				
18		Grants payable				
Net Assets or Fund Balances	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)	0	0		
		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	136,382	63,953		
	25	Temporarily restricted				
	26	Permanently restricted	654,192	656,496		
Assets		Foundations that do not follow SFAS 117, check here				
		and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see instructions)	790,574	720,449		
31	Total liabilities and net assets/fund balances (see instructions)	790,574	720,449			

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	790,574
2	Enter amount from Part I, line 27a.	2	14,184
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	804,758
5	Decreases not included in line 2 (itemize)	5	84,309
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	720,449

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr, mo, day)	(d) Date sold (yr, mo, day)
1a See STM-134				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 119,602		66,585	53,017
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j) if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			53,017
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	53,017
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010	31,665	745,525	0.042473
2009	12,488	659,023	0.018949
2008	46,841	769,350	0.060884
2007	51,638	882,931	0.058485
2006	32,156	817,331	0.039343

2 Total of line 1, column (d).	2	0.220134
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.044027
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	763,997
5 Multiply line 4 by line 3	5	33,636
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	638
7 Add lines 5 and 6.	7	34,274
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions	8	51,711

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/>		1 638
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2 0
3 Add lines 1 and 2		3 638
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4 0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5 638
6 Credits/Payments		
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a	
b Exempt foreign organizations - tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	638
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be Credited to 2012 estimated tax Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by General Instruction T		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) NM		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address N/A				
14	The books are in care of Jeff Salman Telephone no 505-425-9421			
	Located at 34 Villa Sangria Las Vegas, NM ZIP+4 87701			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country	16	Yes	No
				X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here. ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See 990 OFOV				
Philip J Wolff III	President			
611 National Ave, NM 87701	1	0	0	0
Chris Rhoads	Vice President			
5012 Mirador Dr NW, NM 87120	1	0	0	0
Jeff Salman	Treasurer			
34 Villa Sangria, NM 87701	1	0	0	0
Editha Bartley	Secretary			
HC 69 Box 18 Rociada, NM 87742	1	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. ☐

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 NONE	
2	0
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE	
2	0
All other program-related investments. See instructions.	
3 STM142	
Total. Add lines 1 through 3	▶

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	745,269
b	Average of monthly cash balances	1b	30,362
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	775,631
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	775,631
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,634
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	763,997
6	Minimum investment return. Enter 5% of line 5	6	38,200

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	38,200
2a	Tax on investment income for 2011 from Part VI, line 5	2a	638
b	Income tax for 2011 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	638
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	37,562
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	37,562
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	37,562

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	51,711
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	51,711
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	638
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	51,073

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				37,562
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			32,633	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 51,711				
a Applied to 2010, but not more than line 2a			32,633	
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				19,078
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5.				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				18,484
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE ,

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

NONE ,

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

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

a The name, address, and telephone number of the person to whom applications should be addressed

990APP ATTACHED

b The form in which applications should be submitted and information and materials they should include

SEE ATTACHED

c Any submission deadlines

SEE ATTACHED

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE ATTACHED

Part XV	Supplementary Information (continued)
----------------	--

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

Recipient			If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)						
a Paid during the year						
Pecos Valley Medical Center PO Box 710 Pecos NM 87552			N/A	Public	Indigent Health	11,000
Mora Valley Community Health PO Box 209 Mora NM 87732			N/A	Public	Indigent Health	11,000
Ride To Pride Part Inc PO Box 806 Las Vegas NM 87701			N/A	Public	Indigent Health	11,000
El Centro Family Health PO Box 158 Espanola NM 87532			N/A	Public	Indigent Health	16,000
Total						49,000
b Approved for future payment						
Total						

11/34

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|---|---|-----|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | |
| | (1) Cash | | X |
| | (2) Other assets | | X |
| b | Other transactions | | |
| | (1) Sales of assets to a noncharitable exempt organization | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | | X |
| | (3) Rental of facilities, equipment, or other assets | | X |
| | (4) Reimbursement arrangements | | X |
| | (5) Loans or loan guarantees | | X |
| | (6) Performance of services or membership or fundraising solicitations | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules & statements, & to the best of my knowledge & belief, it is true, correct, & complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below (see inst.)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

Lawrence C Johns CPA

Preparer's signature

Date

Check	<input checked="" type="checkbox"/>	self-employed
-------	-------------------------------------	---------------

PTIN

P01202215

Firm's name **Lawrence C Johns CPA**

Firm's address ► 1019 Douglas Ave
Las Vegas NM 87701-4483

Firm's EIN

Phone no

505-425-5239

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Federal Supporting Statements

2011 PG 01

Name(s) as shown on return

FEIN

CHARLES & ADELE ILFELD FOUNDATION, INC.

85-0312053

Form 990PF, Part III, Line 5

Statement #116

Other Decreases Schedule

INCREASE IN UNREALIZED GAIN IN 2011

FAIR MARKET VALUE OF SECURITIES

(685,217)

COST BASIS

578,463

PRIOR YEARS UNREALIZED GAIN

191,063

Total

84,309

Form 990PF, Part II, Line 15

PG 01
Statement #120

Other Assets Schedule

Description

BOY Book

EOY Book

FMV

ACCRUED INTEREST AND DIVIDENDS RECE

100

772

772

Total

100

772

772

Federal Supporting Statements

2011 PG 01

Name(s) as shown on return

FEIN

CHARLES & ADELE ILFELD FOUNDATION, INC.

85-0312053

Form 990PF, Part II, Line 10(b)
Investments: Corporate Stock Schedule

Statement #137

<u>Category</u>	<u>BOY</u>	<u>Book Value</u>	<u>EOY FMV</u>
CALAMOS CONVERTIBLE GRTH & INC	41,847	41,520	41,520
FRANKLIN GROWTH FUND CLASS A	109,731	110,034	110,034
CAPITAL INCOME BUILDERS FUND C	86,714	85,515	85,515
EUROPACIFIC GROWTH FUND CLASS	171,349	88,096	88,096
INVESTMENT COMPANY OF AMERICA	115,489	92,628	92,628
Transamerica Aegon ST Bd Fd		49,545	49,545
Ishares Russell Midcap Value I	1,485	4,123	4,123
Ishares Russell Midcap Growth	2,491	6,331	6,331
Ishares Russell 1000 Value Ind	7,330	21,266	21,266
Ishares Russell 1000 Growth In	11,223	29,762	29,762
Ishares Tr Russell 2000 Value	1,066	2,954	2,954
Ishares Tr Russell 2000 Growth	2,098	5,054	5,054
Ishares JP Morgan EM Bond Fund	1,392	7,682	7,682
Spdr Lehman Intl Treasury Bd F	877	5,118	5,118
Vanguard MSCI Emerging Mkt ETF	8,570	17,386	17,386
Vanguard MSCI EAFE ETF	6,471	3,676	3,676
Vanguard Total Bd Market ETF	4,094	21,720	21,720
Totals	572,227	592,410	592,410

Form 990PF, Part II, Line 10(c)
Investments: Corporate Bond SchedulePG 01
Statement #138

<u>Category</u>	<u>BOY</u>	<u>Book Value</u>	<u>EOY FMV</u>
Wells Fargo & Co Notes 4.95		10,496	10,496
JP Morgan Chase Co 5.125		10,543	10,543
Dell Inc 2.3		10,218	10,218
Verizon Communications 5.5		11,578	11,578
American Exp CenturioUT1.05CD		9,986	9,986
GE Capital Financial 1.45 CD		9,988	9,988
Ally Bank UT 1.8 CD		9,983	9,983
GE Capital Financial 2.2 CD		10,021	10,021
Totals		82,813	82,813

Federal Supporting Statements

2011 PG 01

Name(s) as shown on return

FEIN

CHARLES & ADELE ILFELD FOUNDATION, INC.

85-0312053

Form 990PF, Part IX-B, Line 3
All Other Program-Related Investments

Statement #142

Description

Amount

NONE

0

Federal Supporting Statements

2011 PG 01

Your Social Security Number

85-0312053

NAME(S) AS SHOWN ON RETURN
CHARLES & ADELE ILFELD FOUNDATION, INC.

Statement #108

Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
QUARTERLY FINANCIAL STATEMENTS	2,593	1,297	0	1,296
PREPARATION OF 2011 FORM 990PF	1,405	0	0	1,405
Totals	3,998	1,297	0	2,701

PG 01

Statement #109

Form 990PF, Part I, Line 16(c) - Other Professional Fees Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
Smith Barney Advisory Services	1,401	1,401	0	0
Totals	1,401	1,401	0	0

Federal Supporting Statements

2011 PG 01

YOUR SOCIAL SECURITY NUMBER

85-0312053

NAME(S) AS SHOWN ON RETURN
CHARLES & ADELE ILFELD FOUNDATION, INC.

Statement #110

Form 990PF, Part I, Line 18 - Taxes Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
CORP FILING FEE	10	0	0	10
FOREIGN TAX WITHHELD	335	335	0	0
2009 EXCISE TAX	112	0	0	0
NM Attorney General Fee	100	0	0	0
Totals	557	335	0	10

Federal Supporting Statements

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YOUR SOCIAL SECURITY NUMBER

85-0312053

CHARLES & ADELE ILFELD FOUNDATION, INC.

Form 990-PF, Part IV, Capital Gains And Losses Information (Overflow) Statement #134

Description	P-Purchase D-Donation	Date Acquired	Date Sold	Sales Price	Depreciation	Cost or		Gains Minus
						other basis	Gain or Loss	Excess or Losses
FNMA Dtd 06082011 Due 12082017 1.75	P	2011-05-18	2011-12-08	10,000		10,000		
1636.279sh Europacific Growth Fd A	P	1991-08-21	2011-05-17	70,000		26,107	43,893	43,893
681.896sh Investment Company of Ams	P	1991-08-21	2011-05-17	20,000		11,967	8,033	8,033
72sh Vanguard Europe Pacific ETF	P	2010-06-04	2011-01-14	2,635		2,157	478	478
14sh Vanguard MSCI EAFE ETF	P	2010-06-04	2011-04-15	527		419	108	108
47sh Vanguard MSCI EAFE ETF	P	2011-05-18	2011-10-07	1,468		1,781	(313)	(313)
10sh Ishares Russell Midcap Value I	P	2008-04-14	2011-10-07	397		438	(41)	(41)
7sh Ishares Russell Midcap Value I	P	2008-09-19	2011-10-07	278		305	(27)	(27)
4sh Ishares Russell Midcap Value I	P	2008-09-22	2011-10-07	159		169	(10)	(10)
1sh Ishares Russell Midcap Growth	P	2008-01-18	2011-01-14	58		50	8	8
1sh Ishares Russell Midcap Growth	P	2008-01-18	2011-04-15	61		50	11	11
7sh Ishares Russell 1000 Value Ind	P	2008-04-14	2011-10-07	409		512	(103)	(103)
3sh Ishares Russell 1000 Value Ind	P	2008-10-29	2011-10-07	175		156	19	19
23sh Ishares Russell 1000 Growth In	P	2007-08-31	2011-10-07	1,245		1,356	(111)	(111)
6sh Ishares Russell 1000 Growth In	P	2008-09-22	2011-10-07	325		308	17	17
51sh Ishares Russell 1000 Growth In	P	2008-10-29	2011-10-07	2,760		1,981	779	779
1sh Ishares Tr Russell 2000 Value	P	2009-04-17	2011-10-07	59		45	14	14
11sh Ishares Tr Russell 2000 Value	P	2009-08-21	2011-10-07	652		604	48	48
2sh Ishares Tr Russell 2000 Growth	P	2008-04-14	2011-01-14	179		147	32	32
7sh Ishares JP Morgan EM Bond Fd	P	2010-06-04	2011-10-07	738		715	23	23
16sh Vanguard Bd Index Fd Inc Total	P	2008-09-24	2011-04-15	1,283		1,234	49	49
93sh Vanguard MSCI EAFE ETF	P	2010-06-04	2011-10-07	2,904		2,786	118	118
53sh Vanguard MSCI Emerging Mkt ETF	P	2007-08-31	2011-10-07	2,005		2,491	(486)	(486)
17sh Vanguard MSCI Emerging Mkt ETF	P	2008-01-18	2011-10-07	643		807	(164)	(164)
Vanguard Bd Index Fd Cap Gain Distr	P	2007-08-31	2011-12-31	61		61	61	61
Transamerica Aegon ST Cap Gain Distr	P	2011-05-19	2011-12-31	277		277	277	277
Franklin Growth Fd A Cap Gain Distr	P	1991-02-19	2011-12-31	304		304	304	304
Total				119,602		66,585	53,017	53,017

Federal Supporting Statements

2011 PG 01

Your Social Security Number

85-0312053

Subsidiary Statement

Name(s) as shown on return

CHARLES & ADELE ILFELD FOUNDATION, INC.

Form 990PF, Part I, Line 4 - Subsidiary Schedule

Description	Revenue and expenses	Net investment	Adjusted net income
Dividends	11,744	11,744	0
Interest	1,568	1,568	0
Totals	13,312	13,312	0

Federal Supporting Statements**2011 PG 01**

Name(s) as shown on return

Your Social Security Number

CHARLES & ADELE ILFELD FOUNDATION, INC.85-0312053**Form 990PF, Part XV, Line 2
Application Submission Information**

990APP

Grant ProgramIndigent Health Care**Applicant Name**Jeff Salman**Address**PO Box 68

Las Vegas

NM 87701

Telephone505-425-9421**Form & Content**Exhibit Attached**Submission Deadline**15th day after end of qtr**Restrictions on Award**Exhibit Attached

Name(s) as shown on return

FEIN

CHARLES & ADELE ILFELD FOUNDATION, INC.

85-0312053

Savings and temporary cash investments

Description	Amount
Community 1st Bank Checking	\$ 2,079
Western Asset Money Market 11	29,780
Western Asset Money Market 14	2,601
Bank of Baroda NY .45 Certificate of Deposit	9,994
Total:	<u>\$ 44,454</u>

PROCEDURES GOVERNING APPLICATION FOR
FUNDS FROM CHARLES AND ADELE ILFELD FOUNDATION, INC.
CRITERIA TO BE APPLIED IN DISTRIBUTING SAID FUNDS, AND
REPORTING REQUIREMENTS AS SET FORTH HEREINBELOW:

1). Procedures for application for funds from Charles and
Adele Ilfeld Foundation, Inc.:

Any non-profit health care organization, certified as exempt from federal taxation under Section 501 (c) (3) of the Internal Revenue Code of the United States of America, with its principal health care facility situate in San Miguel County, Mora County, or Guadalupe County, New Mexico is authorized to apply for funds of the Charles and Adele Ilfeld Foundation, Inc. The application for funds shall be made by the directing officer of the Health Care Facility and shall include the following:

- a). Name of the owner of the Health Care Facility.
- b). Name of the operating officer of the Health Care Facility.
- c). A statement that the facility is certified as exempt by the Internal Revenue Service from payment of Federal Income taxes under Section 501 (c) (3) of the Internal Revenue Code.
- d). A statement that the applicant will distribute funds in accordance with the criteria established herein and;
- e). A statement that the applicant will retain individual records of the indigent persons whose Hospital or health care billings have been paid from Foundation funds for a period of six years. Said records must include, at a minimum, vouchers certifying to the amount billed and paid and the signed Affidavit of the indigent patient stating that said person is indigent, a copy of said Affidavit is attached hereto. Applicant, donee organization must further certify that required reports will be submitted on a quarterly basis on such date as shall be required by the Foundation.

2). Criteria for Qualification:

Indigent persons shall be those persons whose financial circumstances are such that they are unable to pay the cost of needed medical care. Indigency shall be defined as follows:

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Part VIII - Exhibit
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All persons who require or will require treatment at a Health Care Facility, who, taking into account their present income and those assets available to them and their requirements for other necessities of life, for themselves and for their dependents, are persons who are unable to pay the cost of the health care administered. This class includes those persons who are minors, whose parents or custodian is unable to afford such care, but such class does not include those persons whose expenses are covered by Medicaid, Medicare, or any other third party coverage.

3). In allocating funds amongst indigent applicants, Applicant should give priority to applicants over the age of 65 years. However, such priority requirements shall not be construed to be absolute and shall not be subordinate to situations of particular need.

4). Applicant shall insure that each person receiving Foundation funds shall have completed the indigent patient declaration statement attached hereto and shall have signed the Affidavit that such person is medically indigent.

5). donee organizations are required to maintain the funds distributed to them by this Foundation as Trust funds. Said funds shall be kept segregated from other funds of the applicant organization and shall not be co-mingled with other funds of the applicant organization prior to actual distribution in payment of an individual's outstanding medical bill.

6). All reports filed by the corporation must be certified true and correct by the operating officer of the donee organization.

7). By acceptance of Foundation funds, the Applicant organization agrees that the records of the Applicant shall be subject to examination by Officers and Employees of the Foundation at any reasonable time and the donee organization further agrees

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Part XV Exhibit
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that it will make such records available upon request and will provide a reasonable facility in which such records may be examined.

8). Attached hereto and marked as Exhibit "1" is the indigent application form which shall be utilized by applicant organizations. Attached hereto and marked as Exhibit 2 is the form of Affidavit of Indigency which shall be utilized by Applicant organizations.

9). In the event all available funds have been distributed prior to the end of the fiscal year of the corporation, the Board retains the right to suspend receipt, review, and approval or disapproval of further application during the remainder of each such fiscal year.

10). The Board of Directors and, if so appointed, the Executive Committee, have the absolute discretion to approve or reject an application. The basis for such rejection or approval shall likewise be within the sole discretion of the Board of Directors and the Executive Committee, subject only to compliance with the general purposes for which the Foundation is organized.

11). In the event distributions are made pursuant to any application which shall subsequently be determined to have been falsely presented to the Foundation, the Foundation retains the right to seek recovery from any applicant by demand or action at law.

12). The name, amount, and fact of application shall not be considered as privileged information. The Board will not willfully reveal the details of any applicant's financial condition except to such employees or Board Members as may reasonably require such

Form 990-A-Part XV - Exhibit
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information. In no event shall publication of any information regarding the applicant be considered an invasion of privacy, slander, or libel of such applicant.

13). The Board retains the right to revoke, revise, or reconsider any approval or rejection of an application.

PRESIDENT OF CHARLES AND
ADELE ILFELD FOUNDATION,
INC.

ATTEST:

ROBERT J. NORDHAUS
Secretary-Treasurer

Form 990-PF
Part XV - Exhibit
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STATEMENT OF POLICY

1. Attached hereto and marked as Exhibit "A" is a letter from Mr. Robert J. Nordhaus, Secretary of the Charles and Adele Ilfeld Foundation, Inc., to Mr. David L. Allen of the United States Internal Revenue Service. Said Exhibit "A" is a complete statement of the manner in which funds will be distributed by the Charles and Adele Ilfeld Foundation, Inc., and said Exhibit "A" is formally adopted as the Foundation plan of operation policy.

2. Attached hereto and marked as Exhibit "B" is a Statement of the criteria to be followed by donee Health Care Organizations in applying funds provided by the Charles and Adele Foundation, Inc., in payment of the health care costs of medically indigent persons.

3. It shall be the policy of this corporation to require donee organizations to file quarterly reports with the President of the Foundation. Said reports shall consist of a quarterly report of the uses made of monies provided by this Foundation. The report shall include, but not be limited to, the following:

- a). Number of individuals served.
- b). Total amount expended.
- c). Age distribution of the individuals receiving aid, said distribution to be reported in ten year categories commencing with zero to ten and terminating with 100 and over.
- d). A certificate shall be provided with each quarterly report that the persons served were medically indigent as defined hereinbelow.

4. For purposes of the Foundation, medically indigent shall be defined as:

"Those persons who require or may require treatment at a health care facility, who, taking into account their present income and those assets available to them and their requirements for other necessities of life, for themselves and for their

Form 990-PF-Part XV - Exhibit
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dependents, are persons who are unable to pay the cost of the health care administered. This class includes those persons who are minors, whose parents or custodian is unable to afford such care, but such class does not include those persons whose expenses are covered by Medicaid, Medicare, or any other third party coverage.

5. The donee organization must agree to retain records of distribution for a total of six years, said records to include, at a minimum, the Hospital billing paid and proof of indigency, said proof including an Affidavit signed by the medically indigent person attesting to his medically indigent status.

6. This Statement of Policy and the exhibits attached hereto may be provided, upon request, qualified tax exempt organizations operating in San Miguel County, Mora County, or Guadalupe County, State of New Mexico. The policies established hereinabove shall be subject to modification by the Board of Directors of the Foundation and any such changes or modification to this policy shall become binding upon the donee organization upon notice.

Form 990 - PF
Part XV
Exhibit 29 / 34

SUPPLEMENTAL INFORMATION TO APPLICATION 1023
OF THE CHARLES AND ADELE ILFELD FOUNDATION, INC.
624 University Avenue
Las Vegas, New Mexico 87701

Case No. 753216038 E.O.
O.M.B. Clearance No. 1545-0056

ATTENTION: DAVID L. ALLEN

In response to your letter dated August 23, 1983 (copy of which is attached) with respect to the proposed activities of the Charles and Adele Ilfeld Foundation, Inc. the following information is provided:

1. The Foundation prefers not to be considered an operating foundation and therefore proposes to make grants from its income to other non-profit organizations to be disbursed to individuals in a manner consistent with the purposes of the Foundation.

2. The principal work of the Foundation will be to make grants to bona fide public hospitals and other non-profit health care organizations which are 501(c)(3) organizations in good standing and which provide medical services and health care in San Miguel, Mora and Guadalupe Counties of New Mexico. The Foundation will consider the applications of such organizations in accordance with the following general criteria.

(a) The applicant organization will distribute funds to individuals who are found to be "medically indigent" and incapable of paying for some or all of health care costs which they have incurred. Disbursements could be made for (but not limited to) the non-reimbursible portions of Part A of Medicare, Medicaid and other health care costs not covered by public assistance. Funds are not to be disbursed to individuals for the payment of medical costs which would otherwise be paid by health insurance or other public agencies. It is the intention of the Foundation that the grant funds be distributed among a relatively large group of individuals in relatively small amounts as opposed to a relatively small group of individuals in relatively large amounts, and the individuals ultimately receiving funds should be principally but not exclusively residents of San Miguel, Mora and Guadalupe Counties.

(b) Applicant organizations must demonstrate that their organization is capable of screening applicants and otherwise administering the funds in a fiduciary capacity in accordance with the above criteria. (Of course, the funds must be disbursed in a non-discriminatory fashion with reference to race, religion, sex and national origin.

Form 990-PF
Part XV - Exhibit

(c) Applicant organizations must be willing to account for their use of the funds at least annually and provide such reports as may be reasonably requested by the Foundation to determine that the funds are being appropriately used.

(d) No applications containing the above criteria have been developed at this time.

form 990 - Pf
Part XV - Exhibit
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STATEMENT

NAME :

(Name of Indigent ~~medical~~ patient, or person or persons
legally responsible for patient's debts)

ADDRESS:

HOSPITAL:

DOCTOR:

DATES OF MEDICAL CARE

DATES OF DOCTOR VISITS:

ADMITTING PHYSICIAN:

TOTAL HOSPITAL COST:.....\$

(Itemized Statement attached)

TOTAL DOCTOR COST:.....\$

PATIENT, INSURANCE OR MEDICARE PAID.....\$

BALANCE OWING:

Briefly inform us as to the medical nature of the case, with a view toward the recovery of the patient, period of recuperation, disability that may effect future earning power of patient, etc.

The undersigned has checked all charges for the above patient and finds the amount is the correct balance as of this date:

AUTHORIZED REPRESENTATIVE
of Applicant

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Part XV - Exhibit
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INDIGENT PATIENT DECLARATION STATEMENT

A F F I D A V I T

STATE OF NEW MEXICO)

)SS

COUNTY OF)

I, _____ being first duly sworn, upon oath say:

That I am without sufficient funds or source of income to pay my account with _____ in the amount of \$ _____ or any part thereof.

That I have no insurance to cover this account: _____

If insured, my insurance carrier is: _____

That I do not have any property or sufficient assets which can be made subject to or assigned for the payment of said account _____

That I do not foresee any property or sufficient assets which can be made subject to or assigned for the payment of said account: _____

Those assets currently owned by me are sufficient to provide the necessities of life but are insufficient to provide and to pay this account. _____

I hereby authorize _____ to release information regarding this application to third persons and I specifically waive any legal claim I have or might have for revealing such information.

DATED this _____ day of _____, 19____.

APPLICANT

Subscribed and sworn to before me this _____ day of _____, 19____.

NOTARY PUBLIC

(SEAL)

My Commission Expires:

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I, the undersigned, hereby verify that I qualify as an "Indigent Patient", which is as follows:

Those persons eligible for charitable or below cost services will be described as follows:

All persons who require or will require treatment at _____, who, taking into account their present income and those assets available to them and their requirements for other necessities of life, for themselves and for their dependents, are persons who are unable to pay the cost of the medical care administered. This class includes those persons who are minors, whose parent or custodian is unable to afford such care, but such class does not include those persons whose expenses are covered by Medicaid, Medicare, or any other third party coverage.

I, the undersigned, hereby authorize _____, to make any inquiry of any person, firm or corporation relevant to this statement and further authorize any person, firm or corporation to provide pertinent information as may be requested by said medical facility or Board. This statement and all entries on it constitute an oath of the person signing it.

DATED this _____ day of _____, ____.

INDIGENT PATIENT

WITNESS

Form 990-PF
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