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EXTENDED TO NOVEMBER 16, 2015

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2014

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

For calendar year 2014 or tax year beginning

, and ending

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                  |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>S B FOUNDATION<br/>C/O DANIEL A. SISK</b>                                                                                                                                                                                                                                              |                                                                                                                                                  | A Employer identification number<br><b>74-2857008</b>                                                                                                                       |
| Number and street (or P O box number if mail is not delivered to street address)<br><b>5917 CAMINO PLACIDO, N.E.</b>                                                                                                                                                                                            | Room/suite                                                                                                                                       | B Telephone number<br><b>505-843-6492</b>                                                                                                                                   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>ALBUQUERQUE, NM 87109</b>                                                                                                                                                                                                        |                                                                                                                                                  | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                  |
| G Check all that apply:<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                  | D 1 Foreign organizations, check here <input type="checkbox"/><br>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<br><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)<br>\$ <b>3,212,914.</b>                                                                                                                                                                                                       | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><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<br>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) |                                                                                     | (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                                      | 50,000.                            |                           | N/A                     |                                                             |
|                                                                                                                                                    | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 3 Interest on savings and temporary cash investments                                | 18.                                | 18.                       |                         | STATEMENT 1                                                 |
|                                                                                                                                                    | 4 Dividends and interest from securities                                            | 38,766.                            | 38,766.                   |                         | STATEMENT 2                                                 |
|                                                                                                                                                    | 5a Gross rents                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                    | b Net rental income or (loss)                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 6a Net gain or (loss) from sale of assets not on line 10                            | 72,009.                            |                           |                         |                                                             |
|                                                                                                                                                    | b Gross sales price for all assets on line 6a                                       | 75,017.                            |                           |                         |                                                             |
|                                                                                                                                                    | 7 Capital gain net income (from Part IV, line 2)                                    |                                    | 72,009.                   |                         |                                                             |
|                                                                                                                                                    | 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)                                                                                                                           |                                                                                     |                                    |                           |                         |                                                             |
| 11 Other income                                                                                                                                    |                                                                                     |                                    |                           |                         |                                                             |
| 12 Total. Add lines 1 through 11                                                                                                                   | 160,793.                                                                            | 110,793.                           |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                              | 13 Compensation of officers, directors, trustees, etc                               | 0.                                 | 0.                        |                         | 0.                                                          |
|                                                                                                                                                    | 14 Other employee salaries and wages                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 15 Pension plans, employee benefits                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 16a Legal fees                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                    | b Accounting fees                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                    | c Other professional fees                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 17 Interest                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 18 Taxes                                                                            | 1,630.                             | 1,630.                    |                         | 0.                                                          |
|                                                                                                                                                    | 19 Depreciation and depletion                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 20 Occupancy                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 21 Travel, conferences, and meetings                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 22 Printing and publications                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 23 Other expenses                                                                   | 369.                               | 369.                      |                         | 0.                                                          |
|                                                                                                                                                    | 24 Total operating and administrative expenses. Add lines 13 through 23             | 1,999.                             | 1,999.                    |                         | 0.                                                          |
|                                                                                                                                                    | 25 Contributions, gifts, grants paid                                                | 128,500.                           |                           |                         | 128,500.                                                    |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                           | 130,499.                                                                            | 1,999.                             |                           | 128,500.                |                                                             |
| 27 Subtract line 26 from line 12:                                                                                                                  |                                                                                     |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                | 30,294.                                                                             |                                    |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                   |                                                                                     | 108,794.                           |                           |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                     |                                                                                     |                                    | N/A                       |                         |                                                             |

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LHA For Paperwork Reduction Act Notice, see instructions

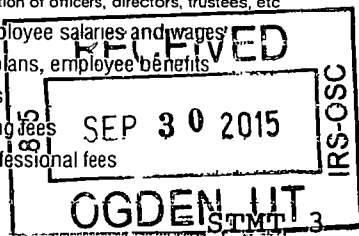
Form 990-PF (2014)

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2014.04020 S B FOUNDATION C/O DANIEL A 00600121

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| Part II Balance Sheets                                                                           |                                                                                           | Attached schedules and amounts in the description column should be for end-of-year amounts only |                |                       |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                                                                                  |                                                                                           | Beginning of year                                                                               | End of year    |                       |
|                                                                                                  |                                                                                           | (a) Book Value                                                                                  | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                           | 1 Cash - non-interest-bearing                                                             | 70,920.                                                                                         | 15,763.        | 15,763.               |
|                                                                                                  | 2 Savings and temporary cash investments                                                  |                                                                                                 |                |                       |
|                                                                                                  | 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      |                                                                                                 |                |                       |
|                                                                                                  | 7 Other notes and loans receivable ▶                                                      |                                                                                                 |                |                       |
|                                                                                                  | 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                                   |                                                                                                 |                |                       |
|                                                                                                  | b Investments - corporate stock                                                           |                                                                                                 |                |                       |
|                                                                                                  | c Investments - corporate bonds                                                           |                                                                                                 |                |                       |
|                                                                                                  | Liabilities                                                                               | 11 Investments - land, buildings, and equipment basis ▶                                         |                |                       |
| Less accumulated depreciation ▶                                                                  |                                                                                           |                                                                                                 |                |                       |
| 12 Investments - mortgage loans                                                                  |                                                                                           |                                                                                                 |                |                       |
| 13 Investments - other STMT 5                                                                    |                                                                                           | 3,241,185.                                                                                      | 3,326,636.     | 3,197,151.            |
| 14 Land, buildings, and equipment: basis ▶                                                       |                                                                                           |                                                                                                 |                |                       |
| Less accumulated depreciation ▶                                                                  |                                                                                           |                                                                                                 |                |                       |
| 15 Other assets (describe ▶)                                                                     |                                                                                           |                                                                                                 |                |                       |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) |                                                                                           | 3,312,105.                                                                                      | 3,342,399.     | 3,212,914.            |
| 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                                                      |                                                                                                 |                |                       |
|                                                                                                  | 22 Other liabilities (describe ▶)                                                         |                                                                                                 |                |                       |
| 23 Total liabilities (add lines 17 through 22)                                                   | 0.                                                                                        | 0.                                                                                              |                |                       |
| Net Assets or Fund Balances                                                                      | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>                   |                                                                                                 |                |                       |
|                                                                                                  | 24 Unrestricted                                                                           |                                                                                                 |                |                       |
|                                                                                                  | 25 Temporarily restricted                                                                 |                                                                                                 |                |                       |
|                                                                                                  | 26 Permanently restricted                                                                 |                                                                                                 |                |                       |
|                                                                                                  | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> |                                                                                                 |                |                       |
|                                                                                                  | 27 Capital stock, trust principal, or current funds                                       | 0.                                                                                              | 0.             |                       |
|                                                                                                  | 28 Paid-in or capital surplus, or land, bldg., and equipment fund                         | 0.                                                                                              | 0.             |                       |
|                                                                                                  | 29 Retained earnings, accumulated income, endowment, or other funds                       | 3,312,105.                                                                                      | 3,342,399.     |                       |
| 30 Total net assets or fund balances                                                             | 3,312,105.                                                                                | 3,342,399.                                                                                      |                |                       |
| 31 Total liabilities and net assets/fund balances                                                | 3,312,105.                                                                                | 3,342,399.                                                                                      |                |                       |

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<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 3,312,105. |
| 2 Enter amount from Part I, line 27a                                                                                                                            | 2 | 30,294.    |
| 3 Other increases not included in line 2 (itemize) ▶                                                                                                            | 3 | 0.         |
| 4 Add lines 1, 2, and 3                                                                                                                                         | 4 | 3,342,399. |
| 5 Decreases not included in line 2 (itemize) ▶                                                                                                                  | 5 | 0.         |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30                                                         | 6 | 3,342,399. |

**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<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|----------------------------------|
| 1a 235 APPLE INC                                                                                                                   | P                                                | 10/02/02                             | 10/31/14                         |
| b CAPITAL GAINS DIVIDENDS                                                                                                          |                                                  |                                      |                                  |
| c                                                                                                                                  |                                                  |                                      |                                  |
| d                                                                                                                                  |                                                  |                                      |                                  |
| e                                                                                                                                  |                                                  |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a 25,042.             |                                            | 3,008.                                          | 22,034.                                      |
| b 49,975.             |                                            |                                                 | 49,975.                                      |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                 | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i) F.M.V. as of 12/31/69                                                                   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |                                                                                                 |
| a                                                                                           |                                      |                                                 | 22,034.                                                                                         |
| b                                                                                           |                                      |                                                 | 49,975.                                                                                         |
| c                                                                                           |                                      |                                                 |                                                                                                 |
| d                                                                                           |                                      |                                                 |                                                                                                 |
| e                                                                                           |                                      |                                                 |                                                                                                 |

|                                                                                                                                                                                 |                                                                                     |   |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|---------|
| 2 Capital gain net income or (net capital loss)                                                                                                                                 | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | 2 | 72,009. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 | { }                                                                                 | 3 | N/A     |

**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<br>Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio<br>(col. (b) divided by col. (c)) |
|-------------------------------------------------------------------|---------------------------------------|-------------------------------------------|----------------------------------------------------------|
| 2013                                                              | 112,289.                              | 2,659,861.                                | .042216                                                  |
| 2012                                                              | 120,709.                              | 2,327,296.                                | .051867                                                  |
| 2011                                                              | 105,720.                              | 2,382,408.                                | .044375                                                  |
| 2010                                                              | 94,844.                               | 2,266,254.                                | .041851                                                  |
| 2009                                                              | 143,283.                              | 1,854,920.                                | .077245                                                  |

|                                                                                                                                                                                |   |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 2 Total of line 1, column (d)                                                                                                                                                  | 2 | .257554    |
| 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 | .051511    |
| 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5                                                                                                 | 4 | 3,184,726. |
| 5 Multiply line 4 by line 3                                                                                                                                                    | 5 | 164,048.   |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 | 1,088.     |
| 7 Add lines 5 and 6                                                                                                                                                            | 7 | 165,136.   |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 | 128,500.   |

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

**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.<br>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 type="checkbox"/> and enter 1% of Part I, line 27b                                                                                     | 1  | 2,176. |
| 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  | 2,176. |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | 4  | 0.     |
| 5  | <b>Tax based on investment income</b> Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                       | 5  | 2,176. |
| 6  | <b>Credits/Payments:</b>                                                                                                                                                                                                            |    |        |
| a  | 2014 estimated tax payments and 2013 overpayment credited to 2014                                                                                                                                                                   | 6a | 1,444. |
| 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  | 1,444. |
| 8  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                            | 8  |        |
| 9  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> <b>SEE STATEMENT 6</b>                                                                                                                  | 9  | 732.   |
| 10 | <b>Overpayment</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>                                                                                                                              | 10 |        |
| 11 | Enter the amount of line 10 to be: <b>Credited to 2015 estimated tax</b> <b>Refunded</b>                                                                                                                                            | 11 |        |

**Part VII-A Statements Regarding Activities**

|    |                                                                                                                                                                                                                                                                                                                                             |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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?                                                                                                                                                                        | Yes | No |
| 1a |                                                                                                                                                                                                                                                                                                                                             |     | X  |
| 1b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?<br>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. |     | X  |
| 1c | 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:<br>(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.                                                                                                                                                                        |     |    |
| e  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.                                                                                                                                                                                                 |     |    |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                               |     | X  |
| 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  |
| 4b | 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?<br>If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                         |     | X  |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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) <b>NM</b>                                                                                                                                                                                                                                |     |    |
| 8b | 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 2014 or the taxable year beginning in 2014 (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?<br>Website address ► <b>N/A</b>                                                                                                                                                                                                      | 13 | X   |    |
| 14 | The books are in care of ► <b>DANIEL SISK</b> Telephone no. ► <b>505-821-0114</b><br>Located at ► <b>5917 CAMINO PLACIDO NE, ALBUQUERQUE NM</b> ZIP+4 ► <b>87109</b>                                                                                                                                                                                     |    |     |    |
| 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<br>► <b>15</b> <b>N/A</b>                                                                                                                                            |    |     |    |
| 16 | At any time during calendar year 2014, 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?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|
| <b>1a</b> 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>b</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)?<br>Organizations relying on a current notice regarding disaster assistance check here                                                                                                                                                                                     | <b>N/A</b>                                                          |    |
| <b>c</b> 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 2014?                                                                                                                                                                                                                                                                                                        |                                                                     | X  |
| <b>2</b> 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)):                                                                                                                                                                                                                                                                                                                 |                                                                     |    |
| <b>a</b> At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?<br>If "Yes," list the years ► <b>2013</b>                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |    |
| <b>b</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.)                                                                                                                                                                                      |                                                                     | X  |
| <b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.<br>►                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |    |
| <b>3a</b> 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>b</b> If "Yes," did it have excess business holdings in 2014 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 2014) | <b>N/A</b>                                                          |    |
| <b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | X  |
| <b>b</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 2014?                                                                                                                                                                                                                                                              |                                                                     | X  |

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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 4945(d)(4)(A)? (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)? ☐ Yes ☒ No

N/A  
► ☐

5b

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

N/A

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? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

6b

X

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? ☐ Yes ☒ No

N/A

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.

| (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 STATEMENT 9      |                                                           | 0.                                        | 0.                                                                    | 0.                                    |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |

2 Compensation of five highest-paid employees (other than those included on line 1). 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

0

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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. 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 **0**

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> N/A                                                                                                                                                                                                                                           |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>2</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>3</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>4</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |

**Part IX-B** **Summary of Program-Related Investments**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount    |
|-------------------------------------------------------------------------------------------------------------------|-----------|
| <b>1</b> N/A                                                                                                      |           |
|                                                                                                                   |           |
|                                                                                                                   |           |
| <b>2</b>                                                                                                          |           |
|                                                                                                                   |           |
|                                                                                                                   |           |
| All other program-related investments. See instructions.                                                          |           |
| <b>3</b>                                                                                                          |           |
|                                                                                                                   |           |
|                                                                                                                   |           |
| <b>Total.</b> Add lines 1 through 3                                                                               | <b>0.</b> |

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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 | 3,181,104. |
| b | Average of monthly cash balances                                                                            | 1b | 52,120.    |
| c | Fair market value of all other assets                                                                       | 1c |            |
| d | <b>Total</b> (add lines 1a, b, and c)                                                                       | 1d | 3,233,224. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | 1e | 0.         |
| 2 | Acquisition indebtedness applicable to line 1 assets                                                        | 2  | 0.         |
| 3 | Subtract line 2 from line 1d                                                                                | 3  | 3,233,224. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4  | 48,498.    |
| 5 | <b>Net value of noncharitable-use assets</b> Subtract line 4 from line 3. Enter here and on Part V, line 4  | 5  | 3,184,726. |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | 6  | 159,236.   |

**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  | 159,236. |
| 2a | Tax on investment income for 2014 from Part VI, line 5                                                    | 2a | 2,176.   |
| b  | Income tax for 2014. (This does not include the tax from Part VI.)                                        | 2b |          |
| c  | Add lines 2a and 2b                                                                                       | 2c | 2,176.   |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | 3  | 157,060. |
| 4  | Recoveries of amounts treated as qualifying distributions                                                 | 4  | 0.       |
| 5  | Add lines 3 and 4                                                                                         | 5  | 157,060. |
| 6  | Deduction from distributable amount (see instructions)                                                    | 6  | 0.       |
| 7  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7  | 157,060. |

**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 | 128,500. |
| b | Program-related investments - total from Part IX-B                                                                                | 1b | 0.       |
| 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 | <b>Qualifying distributions</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                  | 4  | 128,500. |
| 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 | 5  | 0.       |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                             | 6  | 128,500. |

**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)<br>Corpus | (b)<br>Years prior to 2013 | (c)<br>2013 | (d)<br>2014 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7                                                                                                                       |               |                            |             | 157,060.    |
| 2 Undistributed income, if any, as of the end of 2014                                                                                                                      |               |                            |             |             |
| a Enter amount for 2013 only                                                                                                                                               |               |                            | 130,075.    |             |
| b Total for prior years:                                                                                                                                                   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2014:                                                                                                                         |               |                            |             |             |
| a From 2009                                                                                                                                                                |               |                            |             |             |
| b From 2010                                                                                                                                                                |               |                            |             |             |
| c From 2011                                                                                                                                                                |               |                            |             |             |
| d From 2012                                                                                                                                                                |               |                            |             |             |
| e From 2013                                                                                                                                                                |               |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 0.            |                            |             |             |
| 4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 128,500.                                                                                                   |               |                            |             |             |
| a Applied to 2013, but not more than line 2a                                                                                                                               |               |                            | 128,500.    |             |
| b Applied to undistributed income of prior years (Election required - see instructions)                                                                                    |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required - see instructions)                                                                                            | 0.            |                            |             |             |
| d Applied to 2014 distributable amount                                                                                                                                     |               |                            |             | 0.          |
| e Remaining amount distributed out of corpus                                                                                                                               | 0.            |                            |             |             |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))                                         | 0.            |                            |             | 0.          |
| 6 Enter the net total of each column as indicated below:                                                                                                                   | 0.            |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          |               |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b                                                                                                         |               | 0.                         |             |             |
| 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 |               | 0.                         |             |             |
| d Subtract line 6c from line 6b. Taxable amount - see instructions                                                                                                         |               | 0.                         |             |             |
| e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.                                                                                |               |                            | 1,575.      |             |
| f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015                                                              |               |                            |             | 157,060.    |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)       | 0.            |                            |             |             |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7                                                                                                 | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a                                                                                              | 0.            |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                     |               |                            |             |             |
| a Excess from 2010                                                                                                                                                         |               |                            |             |             |
| b Excess from 2011                                                                                                                                                         |               |                            |             |             |
| c Excess from 2012                                                                                                                                                         |               |                            |             |             |
| d Excess from 2013                                                                                                                                                         |               |                            |             |             |
| e Excess from 2014                                                                                                                                                         |               |                            |             |             |



**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                                                    |                                                                                                           |                                |                                  |          |
| AMIGOS BRAVOS<br>105 QUESNEL<br>TAOS, NM 87571                            | NONE                                                                                                      | OTHER PUBLIC CHARITY           | GENERAL                          | 5,000.   |
| ANIMAL HUMANE ASSN OF NM<br>615 VIRGINIA ST SE<br>ALBUQUERQUE, NM 87108   | NONE                                                                                                      | OTHER PUBLIC CHARITY           | GENERAL                          | 5,000.   |
| AWARE INC.<br>1547 GLACIER HWY<br>JUNEAU, AK 99801                        | NONE                                                                                                      | OTHER PUBLIC CHARITY           | GENERAL                          | 2,500.   |
| BLACK MESA TRUST<br>PO BOX 33<br>KYKOTSMOVI, AZ 86039                     | NONE                                                                                                      | OTHER PUBLIC CHARITY           | GENERAL                          | 5,000.   |
| FLAGSTAFF FAMILY FOOD CENTER<br>1903 N. 2ND STREET<br>FLAGSTAFF, AZ 86004 | NONE                                                                                                      | OTHER PUBLIC CHARITY           | GENERAL                          | 5,000.   |
| Total SEE CONTINUATION SHEET(S)                                           |                                                                                                           |                                | 3a                               | 128,500. |
| b Approved for future payment                                             |                                                                                                           |                                |                                  |          |
| NONE                                                                      |                                                                                                           |                                |                                  |          |
|                                                                           |                                                                                                           |                                |                                  |          |
|                                                                           |                                                                                                           |                                |                                  |          |
| Total                                                                     |                                                                                                           |                                | 3b                               | 0.       |

## Enter gross amounts unless otherwise indicated.

(See worksheet in line 13 instructions to verify calculations.)

423621  
11-24-14

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <p><b>1</b> 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?</p> <p><b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p><b>b</b> Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p><b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p><b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received.</p> | <p><b>Yes</b></p>   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>1a(1)</b></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>1a(2)</b></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>1b(1)</b></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>1b(2)</b></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>1b(3)</b></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>1b(4)</b></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>1b(5)</b></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>1b(6)</b></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>1c</b></p>    |

|       | Yes | No |
|-------|-----|----|
| 1a(1) |     | X  |
| 1a(2) |     | X  |
| 1b(1) |     | X  |
| 1b(2) |     | X  |
| 1b(3) |     | X  |
| 1b(4) |     | X  |
| 1b(5) |     | X  |
| 1b(6) |     | X  |
| 1c    |     | X  |

[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 |
|--------------------------|--------------------------|---------------------------------|
| N/A                      |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign  
Here**

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

Signature of officer or trustee

9/24/2015  
Date

Secretary

May the IRS discuss this return with the preparer shown below (see instr )?

☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

STEPHANIE J CATASCA  
CPA

Preparer's signature \_\_\_\_\_

*Chen*

Date

9/23/15

Check ☐ if  
self-employed

PTIN

P00003026

Firm's name ► **ATKINSON & CO., LTD.**

|              |            |
|--------------|------------|
| Firm's EIN ▶ | 85-0211867 |
|--------------|------------|

Firm's address ► P.O. BOX 25246  
ALBUQUERQUE, NM 87125

Phone no. 505-843-6492

Form **990-PF** (2014)

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Name of the organization

S B FOUNDATION  
C/O DANIEL A. SISK

Employer identification number

74-2857008

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

|                                                                            |                                                     |
|----------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>S B FOUNDATION</b><br><b>C/O DANIEL A. SISK</b> | Employer identification number<br><b>74-2857008</b> |
|----------------------------------------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                        |
|------------|-----------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>1</u>   | <u>DANIEL A. &amp; KATHERINE B. SISK</u><br><u>5917 CAMINO PLACIDO NE</u><br><u>ALBUQUERQUE, NM 87109</u> | \$ <u>50,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions) |
|            |                                                                                                           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                                                           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                                                           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                                                           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                                                           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                                                           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |

Name of organization

S B FOUNDATION  
C/O DANIEL A. SISK

Employer identification number

74-2857008

**Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |

Name of organization

S B FOUNDATION

C/O DANIEL A. SISK

Employer identification number

74-2857008

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|-----------------------------------------|-----------------|------------------------------------------|
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

S B FOUNDATION  
C/O DANIEL A. SISK

74-2857008

**Part XV Supplementary Information**

| 3 Grants and Contributions Paid During the Year (Continuation)                                 |                                                                                                                    |                                      |                                     |          |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------|
| Recipient<br>Name and address (home or business)                                               | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount   |
| THE GLORY HOLE SHELTER<br>247 S. FRANKLIN ST<br>JUNEAU, AK 99801                               | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              | GENERAL                             | 2,500.   |
| THINK NEW MEXICO<br>1227 PASEO DE PERALTA<br>SANTA FE, NM 87501-2758                           | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              | GENERAL                             | 5,000.   |
| WILD EARTH GUARDIANS<br>516 ALTO STREET<br>SANTA FE, NM 87501                                  | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              | GENERAL                             | 10,000.  |
| DISCOVERY SOUTHEAST<br>PO BOX 21867<br>JUNEAU, AK 99802                                        | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 20,000.  |
| FLAGSTAFF MEDICAL CENTER - TAYLOR<br>HOUSE<br>1431 N. SAN FRANCISCO ST.<br>FLAGSTAFF, AZ 86001 | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 5,000.   |
| RIO GRANDE RESTORATION<br>HC 69 BOX 3C<br>EMBUDO, NM 87531                                     | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 5,000.   |
| TPL NM<br>607 CERRILLOS RO., SUITE F-1<br>SANTA FE, NM 87505                                   | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 2,000.   |
| AMERICAN RED CROSS<br>PO BOX 4002018<br>DES MOINES, IA 50340-2018                              | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 8,000.   |
| ESPANOLA ANIMAL HUMANE<br>108 HAMM PARKWAY<br>ESPANOLA, NM 87532                               | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 8,000.   |
| NORTHLAND FAMILY HELP CENTER<br>2532 N 4TH ST #506<br>FLAGSTAFF, AZ 86004                      | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 5,000.   |
| Total from continuation sheets                                                                 |                                                                                                                    |                                      |                                     | 106,000. |

S B FOUNDATION  
C/O DANIEL A. SISK

74-2857008

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient<br>Name and address (home or business)                                            | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| FOUNDATION FOR WOMEN'S CANCER<br>230 W. MONROE STREET, SUITE 2528<br>CHICAGO, IL 60606-4902 | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 5,000.  |
| 350.ORG<br>20 JAY ST, SUITE 732<br>BROOKLYN, NY 11201                                       | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 12,500. |
| SAN LUIS VALLEY LOCAL FOODS COALITION<br>PO BOX 181<br>ALAMOSA, CO 81101                    | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 10,000. |
| PRESBYTERIAN EAR INSTITUTE<br>415 CEDAR ST SE<br>ALBUQUERQUE, NM 87106                      | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 5,000.  |
| DAYS FOR GIRLS INTERNATIONAL<br>1610 B GROVER STREET SUITE B-22<br>LYNDEN, WA 98264         | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 1,000.  |
| JOY JUNCTION<br>PO BOX 27693<br>ALBUQUERQUE, NM 87125                                       | NONE                                                                                                               | OTHER PUBLIC<br>CHARITY              |                                     | 2,000.  |
|                                                                                             |                                                                                                                    |                                      |                                     |         |
|                                                                                             |                                                                                                                    |                                      |                                     |         |
|                                                                                             |                                                                                                                    |                                      |                                     |         |
|                                                                                             |                                                                                                                    |                                      |                                     |         |
|                                                                                             |                                                                                                                    |                                      |                                     |         |
| Total from continuation sheets                                                              |                                                                                                                    |                                      |                                     |         |

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE                  | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| MERRILL LYNCH           | 18.                         | 18.                             |                               |
| TOTAL TO PART I, LINE 3 | 18.                         | 18.                             |                               |

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FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

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| SOURCE            | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| MERRILL LYNCH     | 88,741.         | 49,975.                       | 38,766.                     | 38,766.                           |                               |
| TO PART I, LINE 4 | 88,741.         | 49,975.                       | 38,766.                     | 38,766.                           |                               |

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FORM 990-PF

TAXES

STATEMENT 3

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| FEDERAL TAX                 | 1,630.                       | 1,630.                            |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 1,630.                       | 1,630.                            |                               | 0.                            |

FORM 990-PF

OTHER EXPENSES

STATEMENT 4

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| FEE                         | 369.                         | 369.                              |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 23 | 369.                         | 369.                              |                               | 0.                            |

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 5

| DESCRIPTION                            | VALUATION<br>METHOD | BOOK VALUE | FAIR MARKET<br>VALUE |
|----------------------------------------|---------------------|------------|----------------------|
| MERRILL LYNCH                          | COST                | 3,326,636. | 3,197,151.           |
| TOTAL TO FORM 990-PF, PART II, LINE 13 |                     | 3,326,636. | 3,197,151.           |

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|             |                        |           |   |
|-------------|------------------------|-----------|---|
| FORM 990-PF | INTEREST AND PENALTIES | STATEMENT | 6 |
|-------------|------------------------|-----------|---|

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|                                   |       |
|-----------------------------------|-------|
| TAX DUE FROM FORM 990-PF, PART VI | 732.  |
| LATE PAYMENT INTEREST             | 7.    |
| LATE PAYMENT PENALTY              | 15.   |
|                                   | <hr/> |
| TOTAL AMOUNT DUE                  | 754.  |
|                                   | <hr/> |

FORM 990-PF

LATE PAYMENT PENALTY

STATEMENT 7

| DESCRIPTION                | DATE     | AMOUNT | BALANCE | MONTHS | PENALTY |
|----------------------------|----------|--------|---------|--------|---------|
| TAX DUE                    | 05/15/15 | 732.   | 732.    | 4      | 15.     |
| DATE FILED                 | 09/15/15 |        | 732.    |        |         |
| TOTAL LATE PAYMENT PENALTY |          |        |         |        | 15.     |

FORM 990-PF

LATE PAYMENT INTEREST

STATEMENT 8

| DESCRIPTION                 | DATE     | AMOUNT | BALANCE | RATE  | DAYS | INTEREST |
|-----------------------------|----------|--------|---------|-------|------|----------|
| TAX DUE                     | 05/15/15 | 732.   | 732.    | .0300 | 123  | 7.       |
| DATE FILED                  | 09/15/15 |        | 739.    |       |      |          |
| TOTAL LATE PAYMENT INTEREST |          |        |         |       |      | 7.       |

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|             |                                                                             |           |   |
|-------------|-----------------------------------------------------------------------------|-----------|---|
| FORM 990-PF | PART VIII - LIST OF OFFICERS, DIRECTORS<br>TRUSTEES AND FOUNDATION MANAGERS | STATEMENT | 9 |
|-------------|-----------------------------------------------------------------------------|-----------|---|

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| NAME AND ADDRESS                                                     | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
|----------------------------------------------------------------------|--------------------------|-------------------|---------------------------------|--------------------|
| DANIEL A. SISK<br>5917 CAMINO PLACIDO NE<br>ALBUQUERQUE, NM 87109    | PRESIDENT<br>0.00        | 0.                | 0.                              | 0.                 |
| KATHARINE B. SISK<br>5917 CAMINO PLACIDO NE<br>ALBUQUERQUE, NM 87109 | VICE PRESIDENT<br>0.00   | 0.                | 0.                              | 0.                 |
| JOHN B. SISK<br>4435 NORTH DOUGLAS HIGHWAY<br>JUNEAU, AK 99801       | DIRECTOR<br>0.00         | 0.                | 0.                              | 0.                 |
| SARAH SISK<br>11 CAMINO DE GALLO<br>LAMY, NM 87540                   | SECRETARY<br>0.00        | 0.                | 0.                              | 0.                 |
| THOMAS D. SISK<br>P.O. BOX 12243<br>FLAGSTAFF, AZ 86001              | DIRECTOR<br>0.00         | 0.                | 0.                              | 0.                 |
| MARY PAT SCHILLY<br>4435 NORTH DOUGLAS HIGHWAY<br>JUNEAU, AK 99801   | DIRECTOR<br>0.00         | 0.                | 0.                              | 0.                 |
| HELEN R. SISK<br>3865 HIDDEN HOLLOW RD<br>FLAGSTAFF, AZ 86001        | DIRECTOR<br>0.00         | 0.                | 0.                              | 0.                 |
| ALAN HAMILTON<br>11 CAMINO DE GALLO<br>LAMY, NM 87540                | DIRECTOR<br>0.00         | 0.                | 0.                              | 0.                 |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII                         |                          | 0.                | 0.                              | 0.                 |

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

- File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

| Type or print                                                 | Name of exempt organization or other filer, see instructions.                                                           | Enter filer's identifying number                             |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
|                                                               | S B FOUNDATION<br>C/O DANIEL A. SISK                                                                                    | Employer identification number (EIN) or<br><b>74-2857008</b> |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>5917 CAMINO PLACIDO, N.E.</b>              | Social security number (SSN)                                 |
|                                                               | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>ALBUQUERQUE, NM 87109</b> |                                                              |

Enter the Return code for the return that this application is for (file a separate application for each return)

**04**

| Application For                          | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**DANIEL SISK**

- The books are in the care of ► **5917 CAMINO PLACIDO NE, ALBUQUERQUE NM - 87109**  
Telephone No ► **505-821-0114** Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2014** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                       |    |    |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----------|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                   | 3a | \$ | <b>0.</b> |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | <b>0.</b> |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions              | 3c | \$ | <b>0.</b> |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**CERTIFIED MAIL**

**5/05/15**

**0060012**

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|                                                                               |                                                                                                                          |                                         |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Type or print<br>File by the due date for filing your return See instructions | Enter filer's identifying number, see instructions                                                                       |                                         |
|                                                                               | Name of exempt organization or other filer, see instructions<br><b>S B FOUNDATION</b>                                    | Employer identification number (EIN) or |
|                                                                               | <b>C/O DANIEL A. SISK</b>                                                                                                | <b>74-2857008</b>                       |
|                                                                               | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>5917 CAMINO PLACIDO, N.E.</b>                | Social security number (SSN)            |
|                                                                               | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>ALBUQUERQUE, NM 87109</b> |                                         |

Enter the Return code for the return that this application is for (file a separate application for each return)

**04**

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                                   |             |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**DANIEL SISK**

- The books are in the care of **5917 CAMINO PLACIDO NE, ALBUQUERQUE NM - 87109**

Telephone No. **505-821-0114**

Fax No.

- If the organization does not have an office or place of business in the United States, check this box ☐

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015.**

5 For calendar year **2014**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

**TAXPAYER IS COMPILING INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE TAX RETURN. ADDITIONAL TIME IS NEEDED TO COMPLETE THIS INFORMATION.**

|                                                                                                                                                                                                                                    |    |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions                                                                                 | 8a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.                                                           | 8c | \$ | 0. |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CRA**

Date **7/29/15**

Form 8868 (Rev. 1-2014)

**CERTIFIED MAIL**

**8/6/15**