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# Form 990-PF Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 17, 2015
Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning and ending Name of foundation A Employer identification number 95-4518246 CACIQUE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suste B Telephone number (626) 961-3399 14940 PROCTOR AVENUE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here INDUSTRY, CA 91744 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) (Part I, column (d) must be on cash basis ) ▶\$ 11,516. (d) Disbursements for charitable purposes (cash basis only) Part | Analysis of Revenue and Expenses (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) income expenses per books income 50,000 Contributions, gifts, grants, etc., received N/A2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 3 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 50,000 0. 12 Total Add lines 1 through 11 0 0 0. Compensation of officers, directors trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees JUL **3 0** 201 Ö Ç. STMT 1 35 0. 18 Taxes 19 Depreciation and depletion Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 35 0 expenses Add lines 13 through 23 .950 950. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 0 55,950. 55,985 Add lines 24 and 25 27 Subtract line 26 from line 12. -5,985 a Excess of revenue over expenses and disbursements 0. b Net investment income (if negative enter -0-) N/A C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2014)

For	m 99	0-PF (2014) CACIQUE FOUNDATION		95-4	1518246	Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year	
<u>-</u>	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market	
	1	Cash - non-interest-bearing	17,501.	11,516.	11	<u>,516.</u>
	2	Savings and temporary cash investments				
	3	Accounts receivable >		İ		
		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 ▶				
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ÿ		Investments - U.S. and state government obligations				
	b	Investments - corporate stock				,
	С	Investments - corporate bonds				
		Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	ŀ	Land, buildings, and equipment: basis				
	'	Less accumulated depreciation				
	15	Other assets (describe ►				
	1	Total assets (to be completed by all filers - see the				
	'	instructions. Also, see page 1, item I)	17,501.	11,516.	11	<u>,516.</u>
_	17	Accounts payable and accrued expenses	2,73021	11/010		<del>, , , , , , , , , , , , , , , , , , , </del>
	18	Grants payable				
v	19	Deferred revenue				
Liabilities	20	Loans from officers directors, trustees, and other disqualified persons				
ğ	21	Mortgages and other notes payable				
Ë		Other liabilities (describe )		,		
		)				
	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31				
Ses	24	Unrestricted				
au	25	Temporarily restricted				
Bal	26	Permanently restricted				
Б		Foundations that do not follow SFAS 117, check here				
Ē		and complete lines 27 through 31.				
ŏ	27	Capital stock, trust principal, or current funds	17,501.	11,516.		
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.		
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.		
let	30	Total net assets or fund balances	17,501.	11,516.		
~						
_	31	Total liabilities and net assets/fund balances	17,501.	11,516.		
P	art	III Analysis of Changes in Net Assets or Fund B	alances			
_						
1		I net assets or fund balances at beginning of year - Part II, column (a), line	JU		4 77	E 0.1
•		st agree with end-of-year figure reported on prior year's return)		1		,501.
		r amount from Part I, line 27a		2		<u>,985.</u>
		r increases not included in line 2 (itemize)		3		0.
		lines 1, 2, and 3		4	11	,516.
		eases not included in line 2 (itemize)		5		0.
6	<u> 1</u> ota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	oiumn (b), line 30	6	Form <b>990-</b>	,516. <b>PE</b> (2014)
					1 01111 330-	• • (2014)

423511 11-24-14

(a) List and descr	ribe the kind	ses for Tax on I d(s) of property sold (e. r common stock, 200 s	g., real estate,		( <b>b)</b> H	low acquired - Purchase - Donation		Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
1a									J
b NO	<u>NE</u>						ļ	-	
<u>c</u>		<del></del>					-		
<u>d</u>					<del> </del>	·	<del> </del>		
(e) Gross sales price		epreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (loss) ) plus (f) minus (	
a b									
C									
d									
e Consolida de la formación de la constante de		-l (h) d d h	the foundation	on 10/21/00				(0-1, (1-),	
Complete only for assets showin		<u></u>	1					ıns (Col. (h) gaın , but not less thaı	
(i) F.M.V as of 12/31/69		) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			`Lć	osses (from col. (	h))
<u>a</u>	-							<del> </del>	
<u>b</u>									<del> </del>
d d			_		1				
e									
2 Capital gain net income or (net ca	anital loce)	If gain, also en	ter in Part I, line -0- in Part I, line	7	}	2			
, ,		•		,	7		-	<u></u> -	
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c		and (6):		}	2			
Part V Qualification U	Jnder Se	ection 4940(e) fo	or Reduced	Tax on Ne	t Inv	estment l	ncon	ne	
If section 4940(d)(2) applies, leave the Mas the foundation liable for the sector of "Yes," the foundation does not quate the appropriate amount in	tion 4942 t	ax on the distributable a	complete this pa	rt.		S.			Yes X No
(a) Base period years Calendar year (or tax year beginni	ına ın)	<b>(b)</b> Adjusted qualifying (	distributions	Net value of n	(c) oncha		sets	Distri (col (b) di	( <b>d)</b> bution ratio vided by col. (c))
2013	,		92,472.			17,9	96.		5.13847
2012			03,427.			22,3			4.63133
2011			75,367.			32,6			5.36766
2010			88,567.			28,3			6.65843 6.38400
2009			32,500.	ł		20,7	55.	<del></del>	0.30400
2 Total of line 1, column (d)								2	28.17992
3 Average distribution ratio for the the foundation has been in existe			ai on line 2 by 5,	or by the number	er or ye	ears		3	5.63598
4 Enter the net value of noncharital	ble-use ass	ets for 2014 from Part	X, line 5					4	12,184
5 Multiply line 4 by line 3								5	68,669
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6	0
7 Add lines F and C								7	68,669
7 Aud lines 5 and 6							ſ	l	
<ul><li>7 Add lines 5 and 6</li><li>8 Enter qualifying distributions from If line 8 is equal to or greater that</li></ul>	•							8	55,950

	1 990-PF (2014) CACIQUE FOUNDATION						<u>4518</u>			age 4
Pa	art VI Excise Tax Based on Investment Income (Section 494)	0(a),	49	40(b), 4940(e	), or 4	948	- see i	nstru	ctior	<u>ıs)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here   and e	nter "N	/A" (	on line 1.	)		1			
	Date of ruling or determination letter: (attach copy of letter if nec	essary	y-se	e instructions)			·			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<b>-</b>	an	d enter 1%	}	1				0.
	of Part I, line 27b									
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Pa	rt I,	line 12, col. (b).	)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers e	nter	-0-)		2				0.
3	Add lines 1 and 2					3_				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others 6	ente	r -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-					5	ļ			0.
	Credits/Payments:	1	1							
	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	+			-				
	Exempt foreign organizations - tax withheld at source	6b	+			-				
	Tax paid with application for extension of time to file (Form 8868)	6c				-				
	Backup withholding erroneously withheld	<u>6d</u>		<del></del>		-				^
	Total credits and payments. Add lines 6a through 6d					7				0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	iched				- 8	-			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					9	ļ			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1		10				
	Enter the amount of line 10 to be: Credited to 2015 estimated tax			Refun	ded ▶	11				
	art VII-A Statements Regarding Activities	. 1 . 4						j	Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	siation	or a	id it participate or i	ntervene	: IN		1.	163	
	any political campaign?	/		atrications for the	امانمانما			1a		X X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo							1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	іа сор	nes	or arry materials ;	oublish	ea or				
_	distributed by the foundation in connection with the activities							10		х
	Did the foundation file Form 1120-POL for this year?							1c		
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation. ▶ \$ 0 • (2) On foundation managers				0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expend			angead on foundat		-				
-	managers. > \$ 0.	וונטוכ נמ	1A 111	iposeu on iounuar	1011					
2	Has the foundation engaged in any activities that have not previously been reported to the I	BS2						2		Х
_	If "Yes," attach a detailed description of the activities	110								
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	ınstrur	nen	t articles of incorn	oration	or				
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang			,, a	o. ao,	-		3		<u>x</u> _
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year							4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?					N	1/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year'	?					•	5		Х
	If "Yes," attach the statement required by General Instruction T									
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:								ļ
	By language in the governing instrument, or									
	By state legislation that effectively amends the governing instrument so that no mandator	ry dired	ctior	ns that conflict with	the stat	e law				
	remain in the governing instrument?							6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	mplete	e Pa	art II, col (c), and	Part X	/		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨	<b>-</b>							
	CA									
b	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorne	y G	eneral (or designati	e)					
	of each state as required by General Instruction G? If "No," attach explanation							8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of si	ection 4	494	2(j)(3) or 4942(j)(5	i) for cal	endar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," of							9		X
10	Did any persons become substantial contributors during the tax year? if 'Yes' attach a sched	lule listir	ng th	eir names and address	ses			10	<u> </u>	X
							For	m <b>99</b> 0	)-PF	(2014)

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?

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Part VII-B   Statements Regarding Activities for Which Form 4720 May	ay Be R	equired (contint	ued)		
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))?		Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly	y or indired	ctly,			
any voter registration drive?		☐ Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		☐ Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section	on				
4945(d)(4)(A)? (see instructions)		Ye	s X No		1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purpo	oses, or fo				
the prevention of cruelty to children or animals?	,		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions de	escribed in				
section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		· · · · · · · · · · · · · · · · · · · ·	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check here		,	<b>&gt;</b>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it	ıt maintain	ned			
expenditure responsibility for the grant?		/A 🗀 Ye	s No		
If "Yes," attach the statement required by Regulations section 53 4945-5(d)	14 /	/A16	.5 140	1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on					
a personal benefit contract?			s X No		
·	tra atO	16	S LAL NO	e b	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contr	lract?			6b	<del>    ^</del>
If "Yes" to 6b, file Form 8870			s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	0	Y6		7	<del>  </del>
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction.  Part VIII Information About Officers, Directors, Trustees, Foundation		Uialala	<u> </u>	7b	
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors	ion iviar	nagers, nigniy	,		
List all officers, directors, trustees, foundation managers and their compensation.		<del></del>		_	
(b) Title, and ave	/Arana	(c) Compensation	(d) Contributions	to 1	(e) Expense
(a) Name and address hours per week do	devoted	(If not paid, enter -0-)	(d) Contributions employee benefit plant and deferred compensation	ins	account, other allowances
ANA DE CARDENAS-RAPTIS CHAIR		007	- Compandation		
14940 PROCTOR AVENUE					
INDUSTRY, CA 91744 5.50	ļ	0.	(		0.
21/20011(1) 011 91/11			<u> </u>		
			1		
				-	<del></del>
2 Compensation of five highest-paid employees (other than those included on line 1).	If none	enter "NONE "			
(b) Title, and ave		enter NONE.	(d) Contributions	to	(e) Expense
(a) Name and address of each employee paid more than \$50,000 hours per we devoted to pos	eek	(c) Compensation	employee benefit pl and deferred	ans	(e) Expense account, other allowances
	Sition		compensation		allowarices
NONE					
				-	
					<del></del>
	-				
i e		1	1	ı	

Total. Add lines 1 through 3

Part X Mir	nimum Investment Return (All domestic for	undations must complete this part Foreign fo	undations, see	instructions)
1 Fair market vali	ue of assets not used (or held for use) directly in carrying	out charitable, etc., purposes:		-
	ly fair market value of securities		1a	0.
b Average of mor	nthly cash balances		1b	0. 12,370.
c Fair market vali	ue of all other assets		1c	
d Total (add lines	s 1a, b, and c)		1d	12,370.
e Reduction clair	ned for blockage or other factors reported on lines 1a and	I		
1c (attach deta	iled explanation)	1e   0	.	
2 Acquisition ind	ebtedness applicable to line 1 assets		2	0.
3 Subtract line 2	from line 1d		3	12,370.
4 Cash deemed h	reld for charitable activities. Enter 1 1/2% of line 3 (for gre	eater amount, see instructions)	4	186.
5 Net value of no	ncharitable-use assets. Subtract line 4 from line 3. Ente	r here and on Part V, line 4	5	12,184.
6 Minimum inve	stment return. Enter 5% of line 5		6	609.
	tributable Amount (see instructions) (Section gn organizations check here   and do not complete the complete		and certain	
1 Minimum inves	tment return from Part X, line 6		1	609.
2a Tax on investm	ent income for 2014 from Part VI, line 5	2a )		
<b>b</b> Income tax for	2014. (This does not include the tax from Part VI.)	2b		
c Add lines 2a ar	d 2b		2c	0.
3 Distributable ar	mount before adjustments. Subtract line 2c from line 1		3	609.
4 Recoveries of a	mounts treated as qualifying distributions		4	0.
5 Add lines 3 and	14		5	609.
6 Deduction from	distributable amount (see instructions)		6	0.
7 Distributable a	mount as adjusted. Subtract line 6 from line 5. Enter here	and on Part XIII, line 1	7	609.
Dart VII	alifying Distributions (see instructions)	•		
1 Amounts paid	including administrative expenses) to accomplish charita	ble, etc., purposes:		
	ributions, gifts, etc total from Part I, column (d), line 26		1a	<u>55,950.</u>
<b>b</b> Program-relate	d investments - total from Part IX-B		1b	0.
2 Amounts paid	o acquire assets used (or held for use) directly in carrying	g out charitable, etc., purposes	2	
3 Amounts set as	side for specific charitable projects that satisfy the:			
a Suitability test	(prior IRS approval required)		3a	
<b>b</b> Cash distribution	on test (attach the required schedule)		3b	
4 Qualifying dist	ributions Add lines 1a through 3b Enter here and on Pa	rt V, line 8, and Part XIII, line 4	4	55,950.
5 Foundations th	at qualify under section 4940(e) for the reduced rate of ta	x on net investment		
income Enter	1% of Part I, line 27b		5	0.
6 Adjusted quali	fying distributions Subtract line 5 from line 4		6	55,950.
	ount on line 6 will be used in Part V, column (b), in subsect reduction of tax in those years.	quent years when calculating whether the foundation	n qualifies for the	section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7	Соград	7 50.10 \$1101 10 20 10	2010	609.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 131, 462.				
b From 2010 187,151.				
c From 2011 173,733.				
d From 2012 102,310.				
e From 2013 91,572.				
f Total of lines 3a through e	686,228.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 55,950.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			600
d Applied to 2014 distributable amount	EE 241			609.
e Remaining amount distributed out of corpus	55,341.	<del></del>		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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	741,569.			
<b>b</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.			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
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	131,462.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	610,107.		-	
10 Analysis of line 9:				
a Excess from 2010 187, 151.				
b Excess from 2011 173,733.				
c Excess from 2012 102, 310.				
d Excess from 2013 91,572.				
e Excess from 2014 55,341.				Form <b>990-PF</b> (2014)
11*24*14				1 Unit 330-F F (7014)

	FOUNDATION			95-45	18246 Page 10
Part XIV Private Operating Fo	oundations (see in:	structions and Part VI	I-A, question 9)	<u>N/A</u>	
1 a If the foundation has received a ruling of	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2014, enter the date of t	he ruling	<b>▶</b> <u> </u>		
b Check box to indicate whether the found	ation is a private operation	ng foundation described	ın section	4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			j		
d Amounts included in line 2c not		-			
used directly for active conduct of			ļ		
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
•	i	j	1	1	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			<del> </del>	<del> </del>	
alternative test relied upon.					
a "Assets" alternative test - enter:				1	
(1) Value of all assets	<u> </u>		<del> </del>	<del> </del>	
(2) Value of assets qualifying under section 4942(1)(3)(B)(1)					
b "Endowment" alternative test - enter					]
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross		]			}
investment income (interest,	•	1			
dividends, rents, payments on		ļ			
securities foans (section 512(a)(5)), or royalties)	•			ļ	
(2) Support from general public					
and 5 or more exempt				İ	
organizations as provided in section 4942(j)(3)(B)(iii)		1		1	
(3) Largest amount of support from					<del> </del>
an exempt organization					
(4) Gross investment income		<u> </u>			
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t				,	
1 Information Regarding Foundation	<del></del>			<u></u>	
a List any managers of the foundation wh	_	than 2% of the total cor	itributions received by the	e foundation before the clo	ose of any fax
year (but only if they have contributed in			ansanono received by an	, 100110011011 01011 1110 011	oo or arry tare
SEE STATEMENT 4					
b List any managers of the foundation wh	n own 10% or more of th	ne stock of a corporation	(or an equally large porti	on of the ownership of a	partnership or
other entity) of which the foundation has			(or an oquan) ango por		
NONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. P	rograms.		
Check here ► if the foundation o				not accent unsolicited rei	uests for lunds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone num	<del></del>		<del></del>		
a The name, address, and telephone num	Dei Oi e-indii address oi	the person to whom app	meanons should be addite	3360	
SEE STATEMENT 3	······				
b The form in which applications should b	e submitted and informa	ition and materials they s	should include.		
c Any submission deadlines,					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	s, kinds of institutions, or	other factors.	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Foundation Amount status of Name and address (home or business) recipient a Paid during the year SEE STATEMENT 4 55,950, **▶** 3a 55 950 **b** Approved for future payment NONE **▶** 3b Total

Form 990-PF (2014) CACIQUE F Part XVI-A Analysis of Income	e-Producing Activitie				1518246 Page <u>12</u>
Enter gross amounts unless otherwise indicated.		ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
a					
b					
c					
d					
е					
f					<del></del>
g Fees and contracts from government agence	eies				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	1				
c	1				<del></del>
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		0.	0.
13 Total Add line 12, columns (b), (d), and (e)		·*·-		13	0.
(See worksheet in line 13 instructions to verify cal	culations.)			_	
Part XVI-B Relationship of Ac	tivities to the Accon	nnlishment of F	vemnt F	Purnoses	
Tart AVI-B Helationship of Ac	divides to the Accom		-xempt i		
Line No Explain below how each activity for			·A contribute	ed importantly to the accom	plishment of
the foundation's exempt purposes	(other than by providing fund	s for such purposes)			
					· · · · · · · · · · · · · · · · · · ·
1					

D			OF LOONDE		<del></del>		95-45			ige 13
Part	XVII			sfers To a	and Transactions a	and Relations	hips With Nonch	aritable	e	
		Exempt Organ						<del></del>	Yes	No
					g with any other organization		on 501(c) of		res	NO
		•			7, relating to political organ	ilzations?		1		
		rom the reporting found	ation to a noncharita	ible exempt or	ganization of:			12/1		v
	Cash Other	accata						1a(1)	1	X
		assets Sactions:						1a(2)	<del>                                     </del>	
		of assets to a noncharita	hla avamnt organiza	tion				16(1)		X
		ases of assets from a no						1b(2)		X
		of facilities, equipment,		or garrization				1b(2)		X
		oursement arrangements						1b(4)		X
		or loan guarantees	,					1b(5)	·	X
		mance of services or me	embership or fundra	ising solicitatio	ns			1b(6)	1	X
		facilities, equipment, ma						1c		Х
			-		dule. Column (b) should al	wavs show the fair n	narket value of the good		sets,	
					ed less than fair market valu				ŕ	
		the value of the goods,				•				
(a) Line r	10	(b) Amount involved	(c) Name o	f noncharitable	e exempt organization	(d) Description	of transfers, transactions, a	nd sharing a	rrangeme	ents
				N/A						
	_									
	_									
	_				<del></del>					
	_									-
								<del></del>		
							<del></del>			
								<u> </u>		
	-	·	<del> </del>		· · · · · · · · · · · · · · · · · · ·		······			
					<del></del>					
	-									
	the ferre	detion diseases, as and as								
		•	•	•	or more tax-exempt organ	izations described		Yes	. T	No
		501(c) of the Code (othe mplete the following sch	•	(3)) OF III SECT	11011 5277				ما د	INO
יי ע	163, 60	(a) Name of or			(b) Type of organization	T	(c) Description of relation	nship		
		N/A	94		(b) type of organization		(4) 2 3 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
-		11/21								
	•	<del> </del>								
			$\sim$							
					ng accompanying schedules and			May the IRS	discuss	this
Sign		lief it is true correct, and co	mplete Declaration of p	reparer (other tha	n taxpayer) is based on all inform		, <i>i</i>	return with t	he prepa	arer
Here					7/15/15	Preside	ent	X Ye		☐'No
	Sign	ature of officer or truster	e		Date	Title	<b>.</b>			
		Print/Type preparer's n	ame	Preparer's s	ignature	Date	Check If PT	N		· <u> </u>
				1/	1.	_	self- employed			
Paid	ļ	HAO NGUYEN		$\perp / \! / \! / $	1	7-14-15		0064		3
Prep		Firm's name ► RIC	CHARDSON H	KOŃTOGO	URIS EMERSON	1 LLP	Firm's EIN ► 01-	08719	934	
Use	Only								_	
		Firm's address > 29	42 COLUMI	BIA STR	EET					

Phone no (310) 527-4550 Form **990-PF** (2014)

TORRANCE, CA 90503

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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

OMB No 1545-0047

Employer identification number

CA	CIQUE FOUNDATION	95-4518246
Organization type (check o	<del></del>	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)  General Rule  X For an organization	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	g \$5,000 or more (in money or
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou, line 1 Complete Parts I and II	, or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductruelty to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter l purpose Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because e, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc ,
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule I Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F It 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

Employer identification number

#### CACIQUE FOUNDATION

95-4518246

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CACIQUE, INC.  14940 PROCTOR AVENUE  INDUSTRY, CA 91744	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

#### CACIQUE FOUNDATION

95-4518246

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Relationship of transferor to transferee

423454 11-05-14

FORM 990-PF	TAX	ES	STATEMENT 1				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE			
REGISTRY OF CHARITABLE TRUSTS STATE OF CALIFORNIA	25. 10.	0.			0.		
TO FORM 990-PF, PG 1, LN 18	35.	0.			0.		
	FOOTN	OTES	S'	ГАТЕМЕПТ	2		

FORM 990-PF PART XV, LINE 1A

A SUBSTANTIAL PORTION OF THE CONTRIBUTIONS TO THE FOUNDATION FOR THE YEAR ENDED DECEMBER 31, 2014 WERE RECEIVED FROM CACIQUE, INC.

ANA DE CARDENAS-RAPTIS IS A SHAREHOLDER OF CACIQUE, INC. AS WELL AS A DIRECTOR OF THE CACIQUE FOUNDATION.

FORM 990-PF

#### GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MT. SAC FOUNDATION - MOUNT SAN ANTONIO COLLEGE 12 A FOUNDATION OFFICE LA PUENTE DRIVE WALNUT, CA 91789

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

909-274-4215

CACIQUE "UNA MANO AMIGA" SCHOLARSHIP - MOUNT SAN

ANTONIO COLLEGE

#### FORM AND CONTENT OF APPLICATIONS

ELIGIBLE MT. SAC STUDENTS INTERESTED IN APPLYING FOR PART OF THESE SCHOLARISHIPS FUNDS SHOULD CONTACT THE MT. SAC FOUNDATION OFFICE ON THE CAMPUS OF MOUNT SAN ANTONIO COLLEGE.

#### ANY SUBMISSION DEADLINES

CONTACT MT. SAC FOUNDATION FOR DETAIL OF SUBMISSION DEADLINES.

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOLLOWING RESTRICTIONS/LIMITATIONS ARE PLACED ON THE CLASS OF INDIVIDUALS WHO ARE ELIGIBLE RECIPIENTS: (1) QUALIFIED APPLICANTS TAKING 12 OR MORE UNITS PER SEMESTER AT MT. SAC (2) CHILDREN OF FULL-TIME CACIQUE COMPANIES EMPLOYEES, AS DESIGNATED BY CACIQUE, WHEN MEETING MT SAC BASIC REQUIREMENTS (3) SINGLE PARENT STUDENTS GRADUATING FROM HIGH SCHOOL PROGRAMS SUPPORTED BY CACIOUE, AS DESIGNATED BY CACIQUE, WHEN MEETING MT SAC BASIC REQUIREMENTS (4) WHEN LESS THAN TEN CACIQUE DESIGNEES, TO MT SAC SINGLE PARENTS MEETING MT SAC BASIC REQUIREMENTS, AS DESIGNATED BY MT SAC.

#### NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CESAR E. CHAVEZ CENTER FOR HIGHER EDUCATION - CAL POLY POMONA COLLEGE BUILDING 95, ROOM 201 3801 WEST TEMPLE AVENUE POMONA, CA 91768

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

909-869-5035

CACIQUE "UNA MANO AMIGA" SCHOLARSHIP - CAL POLY POMONA

COLLEGE

#### FORM AND CONTENT OF APPLICATIONS

ELIGIBLE MT. SAC AND CAL POLY POMONA STUDENTS INTERESTED IN APPLYING FOR PART OF THESE SCHOLARISHIPS FUNDS SHOULD CONTACT THE MT. SAC FOUNDATION OR CESAR E. CHAVEZ CENTER FOR HIGHER EDUCATION OFFICE ON THE CAMPUS' OF THE RESPECTIVE COLLEGES.

#### ANY SUBMISSION DEADLINES

CONTACT MT. SAC FOUNDATION OR CESAR E. CHAVEZ CENTER FOR DETAIL OF SUBMISSION DEADLINES.

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOLLOWING RESTRICTIONS/LIMITATIONS ARE PLACED ON THE CLASS OF INDIVIDUALS WHO ARE ELIGIBLE RECIPIENTS: (1) QUALIFIED APPLICANTS TAKING 12 OR MORE UNITS PER SEMESTER AT CAL POLY POMONA (2) SUCCESSFULLY GRADUATING PRIORITY A DESIGNEES WHO APPLY FOR ADMISSION TO CAL POLY POMONA WHEN MEETING CAL POLY POMONA BASIC REQUIREMENTS (3) WHEN LESS THAN THREE SUCCESSFUL MT SAC TRANSFER CANDIDATES, CAL POLY POMONA HISPANIC STUDENTS AT LARGE.

#### NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

UNIVERSITY OF SOUTHERN CALIFORNIA (USC)

700 CHILDS WAY

LOS ANGELES, CA 90089-0914

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

213-740-4444

CHARLES AEDO ENDOWED SCHOLARSHIP FUND - UNIVERSITY OF

SOUTHERN CALIFORNIA

#### FORM AND CONTENT OF APPLICATIONS

ELIGIBLE USC STUDENTS INTERESTED IN APPLYING FOR PART OF THESE SCHOLARSHIPS FUNDS SHOULD CONTACT THE UNIVERSITY OF SOUTHER CALIFORNIA.

#### ANY SUBMISSION DEADLINES

CONTACT USC FOR DETAIL OF SUBMISSION DEADLINES.

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOLLOWING RESTRICTIONS/LIMITATIONS ARE PLACED ON THE CLASS OF INDIVIDUALS WHO ARE ELIGIBLE RECIPIENTS: (1) SCHOLARSHIPS WILL BE AWARDED TO ONE UNDERGRDUATE STUDENT PER YEAR WHO IS THE FIRST OF HIS OR HER FAMLIY TO ATTEND COLLEGE AND HAS SHOWN COMMITMENT TO THE LATINO COMMUNITY THROUGH COMMUNITY SERVICE (2) THE STUDENT WILL HAVE PARTICPATED IN HIGH SCHOOL SPORTS OR IS CURRENTLY ACTIVE IN INTERCOLLEGIATE SPORTS WHILE AT USC.

### Auditor's Report 2014

Check Date	Issued To:	Recipient's Tax I.D. #	Check #	Deposits	Check Amount	Balance \$ 17,503.07
	Ability First					
	1300 E. Green St					
2/19/2014	Pasadena, CA 91006	95-1690983	3609		\$ 10,000.00	\$ 7,503.07
	St Mary's School					
	416 So. St Louis Street					
2/27/2014	LA,CA 90033	95-1661073	3610		\$ 2,000.00	\$ 5,503.07
	Carmelite Sisters					
	920 So. Alhambra Rd.					
2/27/2014	Alhambra, CA 91801	95-2564138	3611		\$ 5,000.00	\$ 503.07
3/3/2014	-			25,000.00		\$ 25,503.07
	Mayfield Junior School					
	405 So Euclid Ave.					
3/27/2014	Pasadena, CA 91101	95-2559423	3612		\$ 8,000.00	\$ 17,503.07
	Mayfield Senior School					
	500 Bellfointaine Street					
3/27/2014	Pasadena, CA 91105-2439	95-1816029	3613		\$ 4,000.00	\$ 13,503.07
	Catholic Association of Latino Leaders					
	3424 Wilshire Blvd.					
3/27/2014	LA,CA 90010	20-1135065	3614		\$ 6,450.00	\$ 7,053 <i>.</i> 07
	Alta Med Health Services					
	5211 Washington Blvd. Ste. #2-186					
5/28/2014	Commerce, CA 90040	95-281-0095	3615		\$ 2,500.00	\$ 4,553.07
	East Valley Boys and Girls Club					
	4100 Baldwin Park Blvd					
	P.O. Box 248					
5/28/2014	Baldwin Park, CA 91706	95-2935952	3616		\$ 1,000.00	\$ 3,553.07
5/30/2014	deposit			15,000		\$ 18,553.07
	Youth Activeties League					
	P.O. Box 7114					
5/30/2014	City of Industry, CA 91744	95-430187	3617		\$ 5,000.00	\$ 13,553.07
	Attorney General's Registry of					
7/22/2014	Charitable Trusts		3618		\$ 25.00	\$ 13,528.07
7/22/2014	Franchise Tax Board		3619		\$ 10.00	\$ 13,518.07
	Community Television of South Florida					
	14901 NE 20TH Ave.					
7/22/2014	Miami, FL33181	59-0737868	3620		\$ 1,000.00	\$ 12,518.07

Flintridge Sacred Heart Academy 440 St Katherine Dr					
7/22/2014 La Canada Flintridge, CA 91011	95-0739610	3621		\$ 5,000.00	\$ 7,518.07
Catholic Association of Latino Leaders 3424 Wilshire Blvd 9/3/2014 LA,CA 90010	20-1135065	3622		\$ 2,500.00	\$ 5,018.07
11/4/2014 deposit			10,000.00		\$ 15,018.07
Friends of Industry Sheriff's Department 150 No. Hudson Ave					
11/4/2014 City of Industry, CA 91744	30066601	3623		\$ 1,500.00	\$ 13,518.07
VOID Five Acres		3624			\$ 13,518.07
760 W. Mountain View St.					
12/8/2014 Aitadena, CA 91001	95-1647810	3624		\$ 2,000.00	\$ 11,518.07

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No 1545-1709

ightharpoonup

• If y	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of	this form).				
Do no	t complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed For	m 8868			
Elect	ronic filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a corpo	oration		
requir	ed to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically f	ile Form 88	68 to request an e	xtension		
	e to file any of the forms listed in Part I or Part II with the exc							
	nal Benefit Contracts, which must be sent to the IRS in pap							
	www.irs.gov/efile.and.click.on.e-file.for.Charities.& Nonprofits		,		_			
Par			ubmit original (no copies ne	eded).				
A cor	poration required to file Form 990-T and requesting an autor							
Part I					<b>•</b>			
All oth	rer corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an extens	sion of time			
	income tax returns.	·			r's identifying nun	nber		
Туре	or Name of exempt organization or other filer, see instru	ctions.			identification numl			
print				' '		, ,		
<b>P</b>	CACIQUE FOUNDATION				95-451824	16		
File by t	he II I I I I I I I I I I I I I I I I I	ee instruct	tions	Social sec	curity number (SSN			
due dat filing yo		cc manac		000.0.	, a, ii, j , ia . ii, b o . (00)	-,		
return S	see	reign add	race see instructions					
	INDUSTRY, CA 91744	neigii add	ress, see instructions					
	INDUSTRI, CA 31744							
Enter	the Return code for the return that this application is for (file	a separa	te application for each return)			0 4		
		<u> </u>	[APAt			Detum		
Application Return Application						Return		
Is For Code Is For				<del></del>		Code		
	Form 990 or Form 990-EZ 01 Form 990-T (corporation)					07		
	Form 990-BL 02 Form 1041-A					08		
	4720 (Individual)	03	Form 4720 (other than individual)			09		
	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		
	THE FOUNDATION							
	e books are in the care of $ ightharpoonup$ 14940 PROCTOR 2	AVE.	<u>- INDUSTRY, CA 917</u>	44				
Tel	ephone No. ► <u>(626) – 961 – 3399</u>		Fax No.		<del></del>			
<ul><li>If the state of the sta</li></ul>	ne organization does not have an office or place of busines:	s in the Ur	nited States, check this box		<b>&gt;</b>	· []		
<ul><li>If the state of the sta</li></ul>	nis is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is for	the whole group,	check this		
box 🕨	If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	f all memb	ers the extension is	s for.		
1	I request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	untıl				
AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension								
	is for the organization's return for							
	► X calendar year 2014 or							
	tax year beginning	, an	d ending					
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final return	n			
	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 \$						0.		
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and					
estimated tax payments made include any prior year over						0.		
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 \$ 0.							
	Paution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-FO and Form 8879-FO for payment							

instructions