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Form **990-PF**

EXTENDED TO AUGUST 15 Return of Private Foundation

OMB No 1545-0052

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. Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2015 or tax year beginning and ending A Employer identification number Name of foundation 95-4518246 CACIOUE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) **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% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: 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 J Accounting method: X Cash Accrual I Fair market value of all assets at end of year F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) ,713. ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (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)) expenses per books income income 50,000 N/A Contributions, gifts, grants, etc., received Check In the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 4 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 Gross sales price for all assets on line 6a 0. 7 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. 13 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 AUG 24 17 Interest 35. 0. 18 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 482 0 STMT Operating 23 Other expenses 24 Total operating and administrative 0 517 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 56,286 56,286

LHA For Paperwork Reduction Act Notice, see instructions.

Total expenses and disbursements.

8 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

N/A

X

0

0

Form **990-PF** (2015)

1193_3_1

56,286.

56,803

-6,803

Add lines 24 and 25 27 Subtract line 26 from line 12:

| m 990-PF (2015) CACIQUE FOUNDATION | Paginning of year | | 4518246 Page |
|--|----------------------------------|---------------------------------------|-----------------------|
| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | | |
| 1 Cash - non-interest-bearing | 11,516. | 4,713. | 4,713 |
| 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 Other notes and loans receivable | | | |
| Less: allowance for doubtful accounts | • | | |
| | | | |
| | | | |
| 9 Prepaid expenses and deterred charges 10a Investments - U.S. and state government obligations | | | |
| b Investments - corporate stock | | | |
| c Investments - corporate stock | | · · · · · · · · · · · · · · · · · · · | |
| 11 Investments - land, buildings, and equipment basis | | | |
| Less accumulated depreciation | | | |
| 12 Investments - mortgage loans | | | |
| 13 Investments - other | | | |
| 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) | 11,516. | 4,713. | 4,713 |
| 17 Accounts payable and accrued expenses | | | -/: |
| 18 Grants payable | | | |
| 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. | |
| Foundations that follow SFAS 117, check here | | | |
| and complete lines 24 through 26 and lines 30 and 31. | | | |
| 24 Unrestricted | | | |
| 25 Temporarily restricted | | | |
| 26 Permanently restricted | | | |
| Foundations that do not follow SFAS 117, check here | | | |
| and complete lines 27 through 31. | | | |
| 27 Capital stock, trust principal, or current funds | 11,516. | 4,713. | |
| 28 Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| 29 Retained earnings, accumulated income, endowment, or other funds | 0. | 0. | |
| 30 Total net assets or fund balances | 11,516. | 4,713. | |
| | 11 516 | 4 540 | |
| 31 Total liabilities and net assets/fund balances | 11,516. | 4,713. | |
| Part III Analysis of Changes in Net Assets or Fund Ba | alances | · | ··· |
| Total net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 | | |
| (must agree with end-of-year figure reported on prior year's return) | | 1 | 11,510 |
| Enter amount from Part I, line 27a | | 2 | -6,80 |
| Other increases not included in line 2 (itemize) | | 3 | |
| Add lines 1, 2, and 3 | | 4 | 4,71 |
| Decreases not included in line 2 (itemize) | | 5 | |
| Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 30 | 6 | 4,713 |

523511 11-24-15

| orm 9 | 990-PF (2015) CACIQUE FOUNDATION | <u>95-</u> | 4518 | <u> 246</u> | | Page 4 |
|------------|--|------------|--------------|-------------|------|--------------|
| Part | | 948 | - see ir | ıstru | ctio | 1s) <u> </u> |
| | xempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1. | | | | | |
| | cate of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | | |
| b D | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1% | _1_ | L | | | <u>0.</u> |
| | of Part I, line 27b | | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | | |
| | ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | _2_ | | | | <u>0.</u> |
| | Add lines 1 and 2 | 3 | ļ | | | 0. |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | <u> </u> | | _ | <u>0.</u> |
| | ax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | 0. |
| | Credits/Payments: | | | | | |
| | 2015 estimated tax payments and 2014 overpayment credited to 2015 | | | | | |
| | xempt foreign organizations - tax withheld at source | | | | | |
| | ax paid with application for extension of time to file (Form 8868) | | | | | |
| | Backup withholding erroneously withheld | | | | | • |
| | otal credits and payments. Add lines 6a through 6d | 7_ | | | | <u>0.</u> |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | 0. |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| | Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Refunded ► tVII-A Statements Regarding Activities | _11_ | <u> </u> | | | |
| | | | | | Yes | No |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | m | ŀ | - | 103 | |
| | any political campaign? | 2 | ŀ | 1a | | X |
| | Old it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition) If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials publishe | | | _1b | | |
| | | a or | | | | |
| | distributed by the foundation in connection with the activities. | | | 4. | | X |
| | Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | ŀ | 1c | | |
| | (1) On the foundation. \triangleright \$ (2) On foundation managers. \triangleright \$ \$ | | | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| | managers. > \$0 . | | | | | |
| | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | i | 2 | | х |
| | If "Yes," attach a detailed description of the activities. | | ļ | | | |
| | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | r | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | İ | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | N | I/A | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| 1 | If "Yes," attach the statement required by General Instruction T. | | | | | |
| 6 / | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | , | | |
| • | By language in the governing instrument, or | | | . | | |
| • | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | | . | | |
| 1 | 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," complete Part II, col. (c), and Part XV | | | 7 | X | |
| | | | | | | |
| 8a I | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| | CA | | | | | |
| | 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 | | ļ | 8b | X | |
| | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale | ndar | | | | |
| | year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | | <u> </u> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | | 10 | | ı X |

523531 11-24-15

Form **990-PF** (2015)

X

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4a

N/A

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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be F | Required (continu | <u>95-45182</u> ued) | 40 | Page 6 |
|---|---------------------------------------|-----------------------------|--|----------------|-------------------------------|
| 5a During the year did the foundation pay or incur any amount to: | Omi West May 20. | toquii ou (contini | l eu/ | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e)\? | □ ve | s X No | | ŀ |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | | | | | į |
| any voter registration drive? | to carry only an oonly or man | | s X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | ? | | s X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | | |
| 4945(d)(4)(A)? (see instructions) | | T Ye | s X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | | | |
| 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 und | ler the exceptions described i | | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | - | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check h | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | om the tax because it mainta | ined | | | |
| expenditure responsibility for the grant? | N | T/A 🔲 Ye | s No | | |
| If "Yes," attach the statement required by Regulations section 53.4945 | 5-5(d). | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | pay premiums on | | | | |
| a personal benefit contract? | | Ye | s X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | L | 6b | X_ |
| If "Yes" to 6b, file Form 8870. | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Y6 | 8 X No | | 4 |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | |
| Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors | ees, Foundation Ma | inagers, Highly | y | | |
| List all officers, directors, trustees, foundation managers and their | compensation | | | | |
| Elst all officers, directors, dustees, foundation managers and their | (b) Title, and average | (c) Compensation | (d) Contributions to | (a) F | Ynense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | accou allov | xpense nt, other vances |
| ANA DE CARDENAS-RAPTIS | CHAIR | | | | |
| 14940 PROCTOR AVENUE | | | | | |
| INDUSTRY, CA 91744 | 5.50 | 0. | 0. | | 0. |
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| | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | <u> </u> | | |
| | (b) Title, and average | | (d) Contributions to employee benefit plans | (e) E | xpense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | and deferred compensation | accou | nt, other vances |
| NONE | | | · · · · · · · · · · · · · · · · · · · | | |
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| | | | <u> </u> | L | |
| Total number of other employees paid over \$50,000 | | | | === | 0 |
| | | | Form | 990-P | F (2015) |

Total. Add lines 1 through 3

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign for | oundations, see | instructions) |
|---|--|----------------------|---------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| | Average monthly fair market value of securities | 1a | 0. |
| | Average of monthly cash balances | 1b | 11,203. |
| | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 11,203. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | |). | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 11,203. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 168. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 11,035. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 552. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.) | and certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 552. |
| | Tax on investment income for 2015 from Part VI, line 5 | | |
| ь | Income tax for 2015. (This does not include the tax from Part VI.) | | |
| | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 552. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 552. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 552. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 56,286. |
| 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 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 56,286. |
| 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 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 56,286. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | on qualifies for the | section |

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| • | (a) | (b) | (c) | (d) |
|---|----------|---------------------|--------------|--------------------|
| | Corpus | Years prior to 2014 | 2014 | 2015 |
| 1 Distributable amount for 2015 from Part XI, | , | · - | | |
| line 7 | | | | 552. |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only | | | 0. | |
| b Total for prior years: | | _ | | |
| · · · · · · · · · · · · · · · · · · · | | 0. | | |
| 3 Excess distributions carryover, if any, to 2015: | | | | |
| a From 2010 187, 151. | | | | |
| b From 2011 173,733. | | | | |
| c From 2012 102,310. d From 2013 91,572. | | | | |
| e From 2014 55,341. | | | | |
| f Total of lines 3a through e | 610,107. | | | |
| 4 Qualifying distributions for 2015 from | 010/10/0 | | | |
| Part XII, line 4: ►\$ 56, 286. | | | | |
| a Applied to 2014, but not more than line 2a | | | 0. | |
| 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 2015 distributable amount | | | | 552. |
| e Remaining amount distributed out of corpus | 55,734. | | | |
| 5 Excess distributions carryover applied to 2015 (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: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 665,841. | | | |
| 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 | | 0 | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2015. Subtract | | | _ | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2016 | | | | 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 2010 | | | | |
| not applied on line 5 or line 7 | 187,151. | | | |
| 9 Excess distributions carryover to 2016. | 470 600 | | : | |
| Subtract lines 7 and 8 from line 6a | 478,690. | | | |
| 10 Analysis of line 9: a Excess from 2011 173,733. | | | | |
| b Excess from 2012 102,310. | | | | |
| c Excess from 2013 91,572. | | | | |
| d Excess from 2014 55, 341. | | | | |
| e Excess from 2015 55,734. | | | | |
| | | | | Form 000 DE (0045) |

523581 11-24-15

523601 11-24-15

| 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 | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| | | | | |
| | | | | |
| | | | | |
| SEE STATEMENT 5 | | | | |
| | | | | 56,286, |
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| Total | | , | > 3a | 56 006 |
| b Approved for future payment | | | | 56 286. |
| • • • • • • • • • • • • • • • • • • • | | | | |
| | | | | |
| NONE | | | | |
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| Total | | | ▶ 3b | 0. |

| Part XVI-A | Analysis of | Income-Producing | Activities |
|------------|----------------|-------------------|-------------------|
| rait AVI-A | , Allalysis Ol | income-r roducing | MOUNTING |

| nter gros's amounts unless otherwise indicated. | Unrelated b | usiness income | | by section 512, 513, or 514 | (e) |
|--|-------------------------|---------------------------------------|--|--|-----------------------------------|
| 1 Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| a | | | | | |
| b | _ | | | | |
| c | | | <u> </u> | | |
| d | | | | | ļ |
| e | _ | | ļ <u> </u> | | |
| <u> </u> | _ | | + | | |
| g Fees and contracts from government agencies | | | + + | | |
| Membership dues and assessments | | | ┼ | | |
| Interest on savings and temporary cash investments | | | | | |
| Dividends and interest from securities | | | ++- | | |
| Net rental income or (loss) from real estate: | | | | ······································ | |
| a Debt-financed property | | · · · · · · · · · · · · · · · · · · · | + + | | |
| b Not debt-financed property | | | | · | |
| Net rental income or (loss) from personal | | - | † | | |
| property | | | | | |
| Other investment income | | | | | |
| Gain or (loss) from sales of assets other | | | 1 | | |
| than inventory | | | 1 | | |
| Net income or (loss) from special events | | | 1 | | |
| Gross profit or (loss) from sales of inventory | | <u></u> | | | |
| Other revenue: | | | | | |
| 8 | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Subtotal. Add columns (b), (d), and (e) | ļ | 0. | | 0. | |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations. | | | | 13 _ | (|
| Explain below how each activity for which in the foundation's exempt purposes (other the | | | A contribute | ed importantly to the acco | mplishment of |
| | | | | | |
| | | | | | |
| | | | | | - |

| Part > | | Information Re | • | | ınd Transactions a | nd Relations | | haritable | | iye is |
|--------------------|------------------|--|------------------------|-----------------|---|-------------------------|---------------------------------|---|--|--------|
| | | Exempt Organ | | <u>.</u> | | | | | 12-2 | |
| | | | | | g with any other organization | | tion 501(c) of | | Yes | No |
| | - | • • | | | 7, relating to political organ | izations? | | | | |
| | | rom the reporting founda | ation to a noncharitab | le exempt org | ganization of: | | | | ļ | |
| ٠, | Cash | | | | | | | 1a(1) | | X |
| | Other a | | | | | | | 1a(2) | | X |
| - | | actions: | h le avamet araanizati | | | | | 45.44 | | 7.7 |
| ٠, | | of assets to a noncharital | , - | | | | | 1b(1) | | X |
| | | ases of assets from a nor | | yamzanom | | | | 1b(2) | | X |
| ٠. | | of facilities, equipment, ursement arrangements | | | | | | 1b(3) | | X |
| ٠, | | or loan guarantees | | | | | | 1b(4) 1b(5) | | X |
| ٠, | | mance of services or me | mhershin or fundrais | ına solicitatio | ne | | | 1b(6) | <u> </u> | X |
| | | facilities, equipment, ma | • | - | | | | 1c | | X |
| | - | | - | | dule. Column (b) should alv | wavs show the fair | market value of the good | | sets. | |
| | | | | | ed less than fair market valu | | _ | | , | |
| col | umn (d) | the value of the goods, | other assets, or servi | ces received. | | · | | • | | |
| (a) Line n | o (| b) Amount involved | (c) Name of | noncharitable | e exempt organization | (d) Descriptio | n of transfers, transactions, a | and sharing a | rangeme | nts |
| | | | | N/A | | | | - <u>-</u> | | |
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| ın s | section | dation directly or indirec 501(c) of the Code (othe mplete the following sch | r than section 501(c) | • | or more tax-exempt organi tion 527? | zations described | | Yes | X |] No |
| <u> 0 11 </u> | 165, 60 | (a) Name of org | | | (b) Type of organization | 1 | (c) Description of relation | onship | | |
| | | N/A | | | . , , , | - | , , | ·=··· r | | |
| | | | | | | | | · · · · · · | | |
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| | | | <u></u> | | | <u> </u> | , | | | |
| Sign Here | | | | | ng accompanying schedules and in taxpayer) is based on all inform | nation of which prepare | | May the IRS return with the shown below | e prepar (see ins | er |
| | Sign | ature of officer or trustee | e | | Date | Title | | | | |
| | | Print/Type preparer's n | ame | Preparer's s | signature | Date | Check if PT | IN | | |
| | | | | 1 | 21 | | self- employed | | | |
| Paid | | HAO NGUYEN | | Na 1 | | 7-19-16 | F | 00647 | 462 | |
| Prep | | Firm's name ► RIC | CHARDSON K | ONTOGO | OURIS EMERSON | LLP | Firm's EIN ► 01- | 08719 | 34 | |
| Use (| Only | | | | | | | | | |
| | | Firm's address > 29 | | | | | | | _ | |
| | | ነ ጥር | DRRANCE, C | 'A 9050 | 13 | | Phone no (310 | 11 527 | -15 | 50 |

523622 11-24-15

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.lrs.gov/form990.

OMB No 1545-0047

2015

Employer identification number

CACIOUE FOUNDATION 95-4518246 Organization type (check one): Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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 Check 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 X 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),

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) (2015)

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).

Name of organization

Employer identification number

CACIQUE FOUNDATION

95-4518246

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al 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 Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash 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 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 ir 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. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| | | \$ | |
| (a) No. from 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 |
| | | _ | |
| | | \$ | |
| (a) No. from 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 |
| | | | |
| | | | |

| Name of org | ganization | | | Employer identification number | | | | |
|---------------------------|---|---|-----------------|--|--|--|--|--|
| CACIOU Part III | UE FOUNDATION Exclusively religious, charitable, etc., cont | ributions to organizations describe | d in section | 95-4518246 n 501(c)(7), (8), or (10) that total more than \$1,000 for | | | | |
| | the year from any one contributor. Complete (completing Part III, enter the total of exclusively religiou | s, charitable, etc., contributions of \$1,000 | or less for the | e year (Enter this info once) \$ | | | | |
| (a) No. | Use duplicate copies of Part III if addition | al space is needed. | - 1 | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | | | | | | | | |
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| | | | —— | | | | | |
| F | | (e) Transfer of g | ift | | | | | |
| - | Tunnafaurala uraura addusar a | | D. | laking this address of a second second | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Re | lationship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| Part I | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ŀ | | (e) Transfer of g | <u> </u> | | | | | |
| | | | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Re | lationship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of g | jift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Re | lationship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| ļ | | (e) Transfer of g | jift | | | | | |
| | Transferee's name, address, a | and 7 ID ± 4 | D- | Nationship of transferor to transferor | | | | |
| } | transferee's flame, address, a | mu LIF + 4 | не | lationship of transferor to transferee | | | | |
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| FORM 990-PF | TAX | ES | STATEMENT 1 | | | |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | | |
| REGISTRY OF CHARITABLE TRUSTS STATE OF CALIFORNIA | 25. 10. | 0. | | | | |
| TO FORM 990-PF, PG 1, LN 18 | 35. | 0. | | | | |
| FORM 990-PF | OTHER E | XPENSES | STATEMENT 2 | | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| BANK SERVICE CHARGES | 482. | 0. | | 0. | | |
| TO FORM 990-PF, PG 1, LN 23 | 482. | 0. | | 0. | | |
| | FOOTN | OMEG | | TATEMENT 3 | | |

FORM 990-PF PART XV, LINE 1A

A SUBSTANTIAL PORTION OF THE CONTRIBUTIONS TO THE FOUNDATION FOR THE YEAR ENDED DECEMBER 31, 2015 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 CACIQUE, 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.

Cacique Foundation 2015 Checkbook

| Check Date | Issued To: | Recipient's Tax I.D. # | Check # | Deposits | Check Amount | Balance |
|------------|--|---------------------------|---------|-------------------|------------------|--------------------------|
| 4/0/2015 | d:b | | | 635 000 00 | | \$11,518.07 |
| 4/9/2015 | | | | \$25,000.00 | | \$36,518.07 |
| | Mayfield Junior School 405 So Euclid Ave. | | | | | |
| 4/0/201E | | 05 3550433 | 2626 | | £0.000.00 | 400 |
| 4/9/2015 | Pasadena, CA 91101 | 95-2559423 | 3626 | | \$8,000.00 | \$28,518.07 |
| | Mayfield Senior School | | | | | |
| 4/0/2015 | 500 Bellfointaine Street Pasadena, CA 91105-2439 | 05 1015000 | 2627 | | 64.000.00 | 40 |
| 4/5/2015 | · | 95-1816029 | 3627 | | \$4,000.00 | \$24,518.07 |
| | Youth Activeties League P.O. Box 7114 | | | | | |
| | | OE 420107 | 2620 | | ¢E 000 00 | ^ 40 540 00 |
| E/14/201E | City of Industry, CA 91744 analyses service charge by bank | 95-430187 | 3628 | | \$5,000.00 | \$19,518.07 |
| 3/14/2013 | Share Our Strentgth | | | | \$94.82 | \$19,423.25 |
| | 1030 15th Street NW, Suite 1100 West | | | | | |
| 6/1/2015 | Washington, DC 20005 | 52-1367538 | 2620 | | ¢10.000.00 | ć0 400 os |
| 0/1/2013 | LA County Police Canine Assn | 32-130/336 | 3629 | | \$10,000 00 | \$9,423.25 |
| | 1223 Wilshire Blvd #435 | | | | | |
| 6/1/2015 | Santa Monica, CA 90403 | 95-4514349 | 3630 | | ¢3,000,00 | 67 400 05 |
| 0/1/2013 | void | 33-4314343 | 3631 | | \$2,000.00 | \$7,423.25 |
| 6/12/2015 | analyses service charge by bank | | 2021 | | \$55.54 | \$7,423.25 |
| | analyses service charge by bank | | | | \$55.67 | \$7,367.71 \$7,312.04 |
| 7,14,2013 | Holy Family Church | | | | \$55.67 | \$7,312.04 |
| | 1527 Fremont Ave. | | | | | |
| 7/16/2015 | So. Pasadena, CA 91030 | 95-1809567 | 3632 | | \$5,500.00 | \$1,812.04 |
| ,,10,2013 | 33. Tusudena, G. (31030 | 55-1005507 | 3032 | | \$3,300.00 | \$1,612.04 |
| 7/16/2015 | Attorney General's Registry of Charitable Trusts | | 3633 | | \$25.00 | \$1,787.04 |
| 7/16/2015 | Franchise Tax Board | | 3634 | | \$10 00 | \$1,777.04 |
| | East Valley Boys and Girls Club | | | | | |
| 8/13/2015 | | 95-2935952 | 3635 | | \$1,000.00 | \$777.04 |
| | analyses service charge by bank | | | | \$56.80 | \$720.24 |
| | analyses service charge by bank | | | | \$56.17 | \$664.07 |
| | analyses service charge by bank | 1 | | | \$43.90 | \$620 17 |
| 10/21/2015 | · | | | \$25,000.00 | | \$25,620 17 |
| | St. Anthony Greek Orthodox Church | | | | | |
| 11/1/2015 | | 36-4585276 | 3636 | | \$5,000.00 | \$20,620.17 |
| | Flintridge Sacred Heart Academy | | | | | |
| | 440 St. Katherine Dr. | | | | | |
| | La Canada Flintridge, CA 91011 | 95-0739610 | 3637 | | \$14,285 71 | \$6,334.46 |
| | Industry Sheriffs | 30066601 | 3638 | | \$1,500.00 | \$4,834.46 |
| | analyses service charge by bank | | | | \$63.18 | \$4,771.28 |
| 12/14/2015 | analyses service charge by bank | | | | \$56.40 | \$4,714.88 |