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EXTENDED TO NOVEMBER 15, 2017

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.

mation about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Depai	rtment of the Treasury	social security numbers or	this form as it may be m	nade public.	<b>ZUIU</b>	
Intern	al Revenue Service Information about For	m 990-PF and its separate	, and ending	DEC 31, 2016	Open to Public Inspection	
	me of foundation	. 15, 2016	, and ending	A Employer identification number		
1Val	ne or roundation			A Employer Identification	dunibei	
I	LLINOIS NO. 3 FOUNDATION			81-4700522		
Nun	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	<del></del>	
Р	O BOX 900			575-736-400	00	
City	or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is per	nding, check here	
_A	RTESIA, NM 88211-0900					
G C	check all that apply: X Initial return		ormer public charity	D 1 Foreign organizations,	check here	
	Final return	Amended return		Foreign organizations meet check here and attach com	ting the 85% test.	
	Address change	Name change		check here and attach com	putation	
HC	Check type of organization: X Section 501(c)(3) e.	xempt private foundation Other taxable private found:	ntion	E If private foundation statu		
l Ea		ing method: X Cash	Accrual	under section 507(b)(1)(	•	
	· I ——	ther (specify)	Accidat	F If the foundation is in a 60 under section 507(b)(1)(1)		
<b>→</b>			basis )	411401 3064011 007 (5)(1)(1)	D), blicok fiere	
	art 1 Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
<u> </u>	(The total of amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a))	expenses per books	` income	income	for charitable purposes (cash basis only)	
	1 Contributions, gifts, grants, etc., received	14,659,431.		N/A		
	2 Check If the foundation is not required to attach Sch. B					
	3 Interest on savings and temporary cash investments	, <del>-</del>				
	4 Dividends and interest from securities					
	5a Gross rents					
	b Net rental income or (loss)			<del> </del>	·	
ue	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			<del></del>	<del></del>	
Revenue	p assets on line 6a 7 Capital gain net income (from Part IV, line 2)		0	•	<del></del>	
Ä	8 Net short-term capital gain					
	9 Income modifications					
	10a and allowances					
	b Less Cost of goods sold					
	c Gross profit or (loss)					
	11 Other income	14 (50 421		<del></del>		
	12 Total Add lines 1 through 11	14,659,431.	0			
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	- 0.	0.	CEIVED	0.	
	15 Pension plans, employee benefits	<del></del>		JEIVEL 18	<del></del>	
es	16a Legal fees		S ALIC	0 8 2017	<del></del>	
en;	<b>b</b> Accounting fees	<del></del>	AUG AUG	2 0 8 2017		
R	c Other professional fees		-		<del></del>	
2	17 Interest		, ()(	SOFIT THE STATE OF		
48	18 Taxes					
A STATE	19 Depreciation and depletion				· · · · · · · · · · · · · · · · · · ·	
Ħ	20 Occupancy				<del></del>	
Z V	21 Travel, conferences, and meetings	ļ		<del></del>	<del></del>	
17	22 Printing and publications 23 Other expenses					
35	24 Total operating and administrative			·	<del></del>	
Soperalingend Addinistrative Expenses	expenses Add lines 13 through 23	0.	0	.	0.	
Ŕ	25 Contributions, gifts, grants paid	0.		·	0.	
y,	26 Total expenses and disbursements.					
	Add lines 24 and 25	0.	0		0.	
	27 Subtract line 26 from line 12					
	a Excess of revenue over expenses and disbursements	14,659,431.				
	b Net investment income (if negative, enter -0-)		0	· N/A	···	
	C. Aduitsted net income (if pegative, enter -0-)	i	1	ı N/A İ		

Form **990-PF** (2016)

		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
Ĺ	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		5,000,001	
	2	Savings and temporary cash investments		9,659,430.	9,444,404.
	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 foans receivable			
		Less allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		ļ	
Q		Investments - U.S. and state government obligations			<u> </u>
	l	Investments - corporate stock			<u> </u>
	С	Investments - corporate bonds	<u></u>		
	11	Investments land buildings, and equipment basis	ļ		
		Less accumulated depreciation			<del> </del>
	J	Investments - mortgage loans	<u> </u>		<del> </del>
	13	Investments - other	<u></u>		ļ
	14	Land, buildings, and equipment; basis	}		
		Less accumulated depreciation			<del> </del>
		Other assets (describe )			
	16	Total assets (to be completed by all filers - see the	,	14 (50 431	14 444 405
	47	instructions. Also, see page 1, item I)	0.	14,659,431.	14,444,405.
	17	,			
	18	Grants payable	<del></del>	<del></del>	
Liabilities	19	Deferred revenue	<del></del>	<u> </u>	_
biğ	20	Loans from officers directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable  Other liabilities (describe ▶ )			_
	22	Other habilities (describe			-
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	20	Foundations that follow SFAS 117, check here	<del>`</del>		<u>'</u>
	1	and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted			
auc	25	Temporarily restricted			-
Net Assets or Fund Balance	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here	<del></del>	<del> </del>	<b>-</b>
F		and complete lines 27 through 31			*
ō	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	14,659,431.	
Zet	30	Total net assets or fund balances	0.	14,659,431.	<del>-</del>
-					
	31	Total liabilities and net assets/fund balances	0.	14,659,431.	
<u>_</u>	art	Analysis of Changes in Net Assets or Fund E	Ralances		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		_
		st agree with end-of-year figure reported on prior year's return)		1	0.
		r amount from Part I, line 27a		2	14,659,431.
		r increases not included in line 2 (itemize)			0.
		lines 1, 2, and 3		4	14,659,431.
		eases not included in line 2 (itemize)	-l (h) 1		14,659,431.
б	101a	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	Clamn (D). line 30	1.6	I 14.0007.431.

(a) List and desc	cribe the kind(s) of property sold (e. arehouse, or common stock, 200 sl	g , real estate,		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr.)
1a						
b NC	)NE	<u> </u>				
<u>c</u>						
<u>d</u>				-		
е	(A) O	(-) 0		<del></del>	(1) 0	<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (loss (e) plus (f) minus	
<u>a</u>		- <del> </del>	·····			
b						
C		<del> </del>				
<u>d</u>	<del> </del>					
e Complete anti-far assets show	Ing gain in column (h) and owned by	the foundation	07 10/21/00	<del></del> -		
Complete only for assets snow	<del>,</del>				(I) Gains (Col. (h) gain col. (k), but not less tha	n -0-) or
(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any		Losses (from col	(h))
a						
b						
c						
d			<del></del>		<del></del>	
<u>e</u>	<u> </u>					<del>- **</del>
2 Capital gain net income or (net c	capital loss) $ \begin{cases} \text{ if gain, also ent} \\ \text{ if (loss), enter} \end{cases} $	er in Part I, line -0- in Part I, line	7 7	} 2		
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	3			}   3		
Part V   Qualification	Under Section 4940(e) fo	r Reduced	Tax on Net	Investment I	ncome	
If "Yes," the foundation does not gu	ction 4942 tax on the distributable a alify under section 4940(e) Do not o	complete this pa	ırt.			Yes N
	each column for each year, see the	instructions be	tore making any e		<del></del>	(4)
(a) Base period years Calendar year (or tax year beginr	ning in) Adjusted qualifying d	istributions	Net value of no	(c) incharitable-use assi	ets (col. (b) div	(d) oution ratio vided by col (c))
2015		<del> </del>	<u> </u>			
2014						<del>-</del>
2013						
2012						
2011			<u> </u>	<del></del>	<del></del>	<del></del>
0.7.1.0						
2 Total of line 1, column (d)	e . I		1 41		2	
	e 5-year base period - divide the tota	ii on line 2 by 5,	or by the number	of years		
the foundation has been in exist	ence it less than 5 years				3	
4 Enter the net value of noncharita	able-use assets for 2016 from Part X	K, line 5			4	
5 Multiply line 4 by line 3			5			
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)				6	
7 Add lines 5 and 6					7	
8 Enter qualifying distributions fro	om Part XII, line 4				8	
•	an line 7, check the box in Part VI, lir	ne 1b, and com	plete that part usin	ng a 1% tax rate.	<del></del>	

		700522		Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c), and a section 4940(a), 4940(b), 4940(c), or 4940(c), and a section 4940(a), 4940(b), 4940(c), and a section 4940(a), 4940(b), 4940(c), and a section 4940(a), 4940(b), 4940(c), and a section 4940(c), and a	<u>148 - s</u>	ee instri	uctio	<u>ns)</u>
, 1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	- }			
Date of ruling or determination letter (attach copy of letter if necessary-see instructions)	İ			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1%	1			<u>0.</u>
of Part I, line 27b	<u> </u>			
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b).	1			
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			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
6 Credits/Payments				
a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a				
b Exempt foreign organizations - tax withheld at source 6b				
c Tax paid with application for extension of time to file (Form 8868)	j			
d Backup withholding erroneously withheld 6d				
7 Total credits and payments Add lines 6a through 6d	7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del></del>		0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del></del>		
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶	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	<del></del>		Yes	No
any political campaign?	•	1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)	>	1b	<del> </del>	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish			$\vdash$	<del></del>
distributed by the foundation in connection with the activities	,u 0,			
c Did the foundation file Form 1120-POL for this year?		1c		x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			<del> </del>	
(1) On the foundation ► \$ 0 • (2) On foundation managers ► \$				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
managers, > \$ 0.		-		ļ i
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
If "Yes," attach a detailed description of the activities		<del></del>	├	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
		3		х
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	ļ	$\frac{\lambda}{X}$
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/I		<del> </del>	-
	14 / 1	A 4b 5		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		- <del>-</del>		
•		1		
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	aw	١,		₩.
rentain in the governing instrument?		6	77	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	Х	
		Ì		
8a Enter the states to which the foundation reports or with which it is registered (see instructions)		— I		
NM		<u> </u>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		1	,,	
of each state as required by General Instruction G2 If "No," attach explanation		86	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 caler	dar		-	- 32
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	nace 1	9	177	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S.	TMT		X	/00 : =:
		Form <b>99</b>	J-PF	(2016)

•

Part VII-A Statements Regarding Activities (continued)			
		Yes	No
At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1	]	1
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
If "Yes," attach statement (see instructions)	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
Website address ►N/A			
14 The books are in care of ▶ DAN LEWIS Telephone no ▶575-			
Located at ► PO BOX 900, ARTESIA, NM ZIP+4 ►	88211	-09	00
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16	]_ ]	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
foreign country 🕨			
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X N	0		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	0		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X N	0		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	0		
(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)?	0	l	
(6) Agree to pay money or property to a government official? (Exception Check "No"	Ì		
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 )	0	\ i	i
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	İ		
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? $N/F$	1b		
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	ļ		
before the first day of the tax year beginning in 2016?	1 c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):	ľ		
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
before 2016? Yes X N	0		
If "Yes," list the years ▶ , , , ,	ļ		
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	i	-	ı
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ļ		
statement - see instructions ) $N/Z$	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
<b>▶</b> , , , , , , , , , , , , , , , , , , ,	İ	} {	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	0	ļ ļ	
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	ŀ	li	
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	- 1		
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,		ļ į	
Form 4720, to determine if the foundation had excess business holdings in 2016) N/F	3 Б		·
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>		
had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	]	X
	Form <b>99</b> 0	)-PF	

Form 990-PF (2016) ILLINOIS NO. 3 FOUNDATIO  [Part VII-B   Statements Regarding Activities for Which F			81-47005	22 Pa	ge <b>6</b>
5a During the year did the foundation pay or incur any amount to.	Offit 4720 Way be r	required (contin	T	<del>-</del>	
• • • • • • • • • • • • • • • • • • • •	4045(0)\9		es X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	' '''		S A NO	1 1	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire		. [ <del>V</del> ]		
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<del></del> 1	(30)		
4945(d)(4)(A)? (see instructions)			es 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?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	ın Regulations		1 1	
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	ere				
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	I/A 🔲 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	, . , ,	Y,	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	,,		6b :	Х
If "Yes" to 6b. file Form 8870	ordenar bonone bona doi:		F	<del></del>	
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu		L		7b	
Part VIII Information About Officers, Directors, Trust		nagere Highly		70	
Paid Employees, and Contractors	ees, Foundation Ma	mayers, mgm	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.		<del></del>		
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	se
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred	(e) Expensions (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	ther
	to position	enter -o-)	compensation	anowance	
SEE STATEMENT 2		0.	0.		0.
SEC STATEMENT Z	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u>·</u>
				<u> </u>	
		1			
				_	
2 Compensation of five highest-paid employees (other than those inc	<del></del>	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	1-1 Cormony and	(d) Contributions to	(e) Expens account, ot	se
(a) warne and address of each employee paid more than \$50,000	liours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	allowance	.1161 88
NONE			· · · · · · · · · · · · · · · · · · ·		
		<del>                                     </del>			
		<del> </del>	<del></del>	<del></del>	—
	1				
		<del> </del>		ļ	—
	4				
Takal number of other ampleyees and over \$50,000	<del>                               </del>	1		L	0
Total number of other employees paid over \$50,000			▶		U

Form 990-PF (2016) ILLINOIS NO. 3 FOUNDATION		4700522 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	<del></del>	
	┥	
	7	
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 statis number of organizations and other beneficiaries served, conferences convened, research papers proc	tical information such as the	Expenses
	acea, etc	
1 N/A		
2		
3		
4		<del></del>
4		
Part IX-B   Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A		
2		<del>-</del>
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3		0.

Form **990-PF** (2016)

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P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndations	, see instructions )
Ť	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	1 1a	9,444,404.
	Average of monthly cash balances	1b	9,444,404. 5,000,001.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	14,444,405.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)   1e   0 •	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	14,444,405.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	216,666.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	14,227,739.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	33,136.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part )	nd certain	
1	Minimum investment return from Part X, line 6	1	33,136.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	33,136.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	33,136.
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	33,136.
P	art XII Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		0
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	1,09,000	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		3a	<del></del>
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years	qualifies fo	or the section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d</b> ) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				33,136.
2 Undistributed income if any as of the end of 2016				
a Enter amount for 2015 only			0.	<del></del>
b Total for prior years		0		
' ' to 00100		0.		· · · · · · · · · · · · · · · · · · ·
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
<b>b</b> From 2012				
c From 2013 d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4 ► \$ 0.				
a Applied to 2015, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				<del></del>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount			·	0.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2016 (If an amount appears in column (d) the same amount	0.			0.
must be shown in column (a))  6 Enter the net total of each column as				
indicated below:	0.			
a Corpus Add lines 3f, 4c and 4e Subtract line 5	<u>U•</u>			
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b c Enter the amount of prior years'		<u> </u>		
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 2015. Subtract line				
4a from line 2a. Taxable amount - see instr		<del></del>	0.	··
f Undistributed income for 2016 Subtract				
lines 4d and 5 from line 1. This amount must				33,136.
be distributed in 2017 7 Amounts treated as distributions out of				33,130.
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 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	- ,, · · · · · · · · · · · · · · · · · ·			<del> </del>
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				··········
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016	<u> </u>	L	<u> </u>	Far- 000 DE (0046)

	S NO. 3 FOU		-	81-47	00522 Page 1
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
, 1 a If the foundation has received a ruling o	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of	the ruling	<b>▶</b>		
<b>b</b> Check box to indicate whether the found		ing foundation described		4942(j)(3) or49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	( <b>b</b> ) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed			<b>\</b>		
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,		<del> </del>	<del></del>	<del> </del>	<del></del>
line 4 for each year listed	<u> </u>	1	Ì		
d Amounts included in line 2c not			<del></del>	<del> </del>	
used directly for active conduct of	}				Į.
exempt activities		<del>-  </del>	<del>- </del>	<del> </del>	<del> </del>
e Qualifying distributions made directly			Ĭ		
for active conduct of exempt activities	İ				İ
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter					
(1) Value of all assets		l			i
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter				<del></del>	
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	1	1	<b>\</b>		
investment income (interest,					
dividends, rents, payments on					
securities loans (section	Ì				
512(a)(5)), or royalties)		<u> </u>		<del> </del>	
(2) Support from general public and 5 or more exempt					İ
organizations as provided in			in		
section 4942(j)(3)(B)(iii)				<u> </u>	
(3) Largest amount of support from			ľ		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Compl	ete this part only	if the foundation	n had \$5,000 or me	ore in assets
at any time during t	he year-see inst	tructions.)			
1 Information Regarding Foundation	on Managers:				<del></del>
a List any managers of the foundation wh		e than 2% of the total co-	ntributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed r					oo or arry tare
SEE STATEMENT 3					
b List any managers of the foundation wh	no own 10% or more of t	he stock of a corporation	o (or an equally large port	ion of the ownership of a n	artnerehin or
other entity) of which the foundation ha			i (or air equally large port	ion of the ownership of a p	ai theiship oi
NONE					
			····		
2 Information Regarding Contribut					
Check here $\triangleright X$ if the foundation of					
the foundation makes gifts, grants, etc	<del>`</del>	<del></del>		<del></del>	10
a The name, address, and telephone num	ber or e-mail address of	the person to whom ap	olications should be addre	essed:	
<b>b</b> The form in which applications should l	oe submitted and inform	ation and materials they	should include.		
c Any submission deadlines.			· · · · · · · · · · · · · · · · · · ·		<del></del>
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable field	s, kinds of institutions or	other factors:	<del></del>
2 7 mg room on on minimum on or award	-, 200., 20 0) goograpin	a. 100, onarrabio noto	-,a or monditions, or	5or 140.010.	
623601 11,23,16			<del></del>		Form 990-PE (2016)

623621 11 23-16

Part XVI-A Analysis of Income-Produ	-	d business income	T E.a.	ided by section 512 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue	code	Amount	code	Amount	
ab	-			_	
	-		+-		
d	-	· · · · · · · · · · · · · · · · · · ·			
e	-		1		
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments			↓		
3 Interest on savings and temporary cash					
Investments				<u> </u>	
<ul><li>4 Dividends and interest from securities</li><li>5 Net rental income or (loss) from real estate.</li></ul>			<b></b>		<del>"</del>
a Debt-financed property	<del></del>		-}		
b Not debt-financed property					<del></del>
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		·····			<del></del>
11 Other revenue					
a		<del>-,</del>	<del> </del> -		
b	_		<del> </del>		
d	-				
е					
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 calculations )		<del></del>		<del></del>	<del></del>
Part XVI-B Relationship of Activities	to the Acco	emplishment of E	xemp	ot Purposes	
Line No Explain below how each activity for which in			A contril	buted importantly to the accom	plishment of
the foundation's exempt purposes (other that	n by providing fu	nds for such purposes)		·	<del> </del>
					· · · · · · · · · · · · · · · · · · ·
				<del></del>	
				<del></del>	
					<del>1 </del>
		<u> </u>		<u></u>	
		<del></del>			
		<del></del>		<del></del>	
	<del></del>	·			
					<del></del>
				<del></del>	
		<del></del>			

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) (1) Cash 1a(2) (2) Other assets **b** Other transactions: 1b(1) (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) (3) Rental of facilities, equipment, or other assets 1b(4) (4) Reimbursement arrangements 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets. or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a)Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (c) Description of relationship (b) Type of organization (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge nolete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge return with the prepare Sign Here 1017-08-05 DIRECTOR X Yes Signature of officer or trustee Title Date Preparer's signature Date Check Print/Type preparer's name self- employed Paid P00141524 PETE HULDER Preparer Firm's name ► SPROLES WOODARD L.L.P Firm's EIN ► 75-0807999 **Use Only** Firm's address ▶ P.O. BOX 1323

Phone no. 575-748-1374

ARTESIA, NM 88211-1323

## 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.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

I	LLINOIS NO. 3 FOUNDATION	81-4700522					
Organization type (check	one)						
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	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
Note Only a section 501(	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	tule See instructions					
General Rule							
	ion filing 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.						
Special Rules							
sections 509(a)( any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amounts, line 1 Complete Parts I and II	a, or 16b, and that received from					
year, total contri	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. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.							
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its let 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) (2016)

Name of organization

Employer identification number

## ILLINOIS NO. 3 FOUNDATION

81-4700522

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	CYNTHIA A. PRICE  P.O. BOX 900  ARTESIA, NM 88211-0900	\$4,071,432.	Person X Payroll X Noncash X (Complete Part II for noncash contributions)		
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	JOHN A. JR AND NANCY E. YATES P.O. BOX 900 ARTESIA, NM 88211-0900	\$\$\$\$	Person X Payroll  Noncash X (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	RYAN A. PRICE  P.O. BOX 900  ARTESIA, NM 88211-0900	ss1,093,103.	Person X Payroll X Noncash X (Complete Part II for noncash contributions)		
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	NICOLE PRICE WESSELMANN  P.O. BOX 900  ARTESIA, NM 88211-0900	\$\$\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	SEAN J. PRICE  P.O. BOX 900  ARTESIA, NM 88211-0900	\$1,093,103.	Person X Payroll Noncash X (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	JEFFREY M. PRICE  P.O. BOX 900  ARTESIA, NM 88211-0900	\$\$ <u>1,093,103.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions)		
	<del></del>	Cahadula D /Faam	990, 990-EZ, or 990-PF) (2016)		

Name of organization

Employer identification number

## ILLINOIS NO. 3 FOUNDATION

81-4700522

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	JOHN A. YATES III  P.O. BOX 900  ARTESIA, NM 88211-0900	\$\\$\\$\	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		
		s	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)		
(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

# ILLINOIS NO. 3 FOUNDATION

81-4700522

Part II	Noncash Property (See instructions) Use duplicate copies of Part 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		
1	EOG RESOURCES, INC. STOCK				
1		\$ 2,866,024.	12/19/16		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
2	EOG RESOURCES, INC. STOCK				
2		\$ 3,715,589.	12/19/16		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
	EOG RESOURCES, INC. STOCK				
3		-			
		\$ 769,455.	12/19/16		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
4	EOG RESOURCES, INC. STOCK				
4		\$ 769,455.	12/19/16		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
5	EOG RESOURCES, INC. STOCK	-			
<u> </u>		-			
		\$ 769,455.	12/19/16		
(a) · No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
	EOG RESOURCES, INC. STOCK	-			
6		-			
		\$ 769,455.	12/19/16		
623453 10-1	3 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (3				

Name of organization Employer identification number 81-4700522 ILLINOIS NO. 3 FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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. from 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 (a) No. from 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 (a) No. from 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 (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

STATEMENT

	90-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10		
NAME OF CONTRIBUTOR	ADDRESS		
CYNTHIA A. PRICE	P. O. BOX 900 ARTESIA, NM 88211-0900		
JOHN A. JR. AND NANCY E. YATES	P. O. BOX 900 ARTESIA, NM 88211-0900		
RYAN A. PRICE	P. O. BOX 900 ARTESIA, NM 88211-0900		
NICOLE PRICE WESSELMAN	P. O. BOX 900 ARTESIA, NM 88211-0900		
SEAN J. PRICE	P. O. BOX 900 ARTESIA, NM 88211-0900		
JEFFREY M. PRICE	P. O. BOX 900 ARTESIA, NM 88211-0900		

FORM 990-PF	PART VIII - LIST	OF OFFICERS, FOUNDATION MAN		STAT	EMENT 2
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JOHN A. YATES JR P.O. BOX 900 ARTESIA, NM 88211-	0900	DIRECTOR 1.00	0.	0.	0.
NANCY E. YATES P.O. BOX 900 ARTESIA, NM 88211-	0900	DIRECTOR 1.00	0.	0.	0.
JOHN A. YATES III P.O. BOX 900 ARTESIA, NM 88211-	0900	DIRECTOR 1.00	0.	0.	0.
LESTER J. PRICE P.O. BOX 900 ARTESIA, NM 88211-	0900	SECRETARY / T	TREASURER / D:		0.
CYNTHIA A. PRICE P.O. BOX 900 ARTESIA, NM 88211-	0900	VICE PRESIDEN 1.00	T/ DIRECTOR 0.	0.	0.
RYAN A. PRICE P.O. BOX 900 ARTESIA, NM 88211-	0900	PRESIDENT / I	DIRECTOR 0.	0.	0.
TOTALS INCLUDED ON	1 990-PF, PAGE 6,	PART VIII	0.	0.	0.
FORM 990-PF		XV - LINE 1A OUNDATION MANAG	GERS	STATI	EMENT 3

### NAME OF MANAGER

JOHN A. YATES JR NANCY E. YATES JOHN A. YATES III LESTER J. PRICE CYNTHIA A. PRICE RYAN A. PRICE