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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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 instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>THE CARDINAL FOUNDATION                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                   | A Employer identification number<br>26-3867156                                                                                                                               |  |
| Number and street (or P O box number if mail is not delivered to street address)<br>5408 CAMINO MONTANO NE                                                                                                                                                                                                                            |                                                                                                                                                                                                   | B Telephone number (see instructions)<br>(505) 563-4785                                                                                                                      |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>ALBUQUERQUE, NM 87111                                                                                                                                                                                                                                     |                                                                                                                                                                                                   | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |  |
| G Check all that apply<br><div><input type="checkbox"/> Initial return<br/><input type="checkbox"/> Final return<br/><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity<br/><input type="checkbox"/> Amended return<br/><input type="checkbox"/> Name change</div> |                                                                                                                                                                                                   | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |  |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                                   |                                                                                                                                                                                                   | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |  |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 183,216                                                                                                                                                                                                                                          | J Accounting method<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis ) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |  |

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

|                                    |                           |                         |                                           |
|------------------------------------|---------------------------|-------------------------|-------------------------------------------|
| (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes |
|------------------------------------|---------------------------|-------------------------|-------------------------------------------|

| <b>Part II</b> <b>Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.) |                                                                                                                                              | Beginning of year | End of year    |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                                                                                                                                                          |                                                                                                                                              | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>                                                                                                                                            | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                 | 828               | 6,834          | 6,834                 |
|                                                                                                                                                          | <b>2</b> Savings and temporary cash investments . . . . .                                                                                    |                   |                |                       |
|                                                                                                                                                          | <b>3</b> Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                         |                   |                |                       |
|                                                                                                                                                          | <b>4</b> Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                          |                   |                |                       |
|                                                                                                                                                          | <b>5</b> Grants receivable . . . . .                                                                                                         |                   |                |                       |
|                                                                                                                                                          | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .   |                   |                |                       |
|                                                                                                                                                          | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                          |                   |                |                       |
|                                                                                                                                                          | <b>8</b> Inventories for sale or use . . . . .                                                                                               |                   |                |                       |
|                                                                                                                                                          | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                     |                   |                |                       |
|                                                                                                                                                          | <b>10a</b> Investments—U S and state government obligations (attach schedule)                                                                |                   |                |                       |
|                                                                                                                                                          | <b>b</b> Investments—corporate stock (attach schedule) . . . . .                                                                             | 152,421           | 161,971        | 176,382               |
|                                                                                                                                                          | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .                                                                             |                   |                |                       |
|                                                                                                                                                          | <b>11</b> Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                |                   |                |                       |
|                                                                                                                                                          | <b>12</b> Investments—mortgage loans . . . . .                                                                                               |                   |                |                       |
|                                                                                                                                                          | <b>13</b> Investments—other (attach schedule) . . . . .                                                                                      |                   |                |                       |
|                                                                                                                                                          | <b>14</b> Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                            |                   |                |                       |
|                                                                                                                                                          | <b>15</b> Other assets (describe ▶ _____)                                                                                                    |                   |                |                       |
|                                                                                                                                                          | <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                  | 153,249           | 168,805        | 183,216               |
| <b>Liabilities</b>                                                                                                                                       | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                    |                   |                |                       |
|                                                                                                                                                          | <b>18</b> Grants payable . . . . .                                                                                                           |                   |                |                       |
|                                                                                                                                                          | <b>19</b> Deferred revenue . . . . .                                                                                                         |                   |                |                       |
|                                                                                                                                                          | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons                                                           |                   |                |                       |
|                                                                                                                                                          | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .                                                                      |                   |                |                       |
|                                                                                                                                                          | <b>22</b> Other liabilities (describe ▶ _____)                                                                                               |                   |                |                       |
|                                                                                                                                                          | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                       |                   | 0              |                       |
| <b>Notes</b>                                                                                                                                             | <b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                   |                |                       |
|                                                                                                                                                          |                                                                                                                                              |                   |                |                       |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a)<br>List and describe the kind(s) of property sold (e g , real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) |  | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b> See Additional Data Table                                                                                                     |  |                                                 |                                         |                                     |
| <b>b</b>                                                                                                                                |  |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                                |  |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                                |  |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                                |  |                                                 |                                         |                                     |

| (e)<br>Gross sales price           | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> See Additional Data Table |                                               |                                                    |                                                 |
| <b>b</b>                           |                                               |                                                    |                                                 |
| <b>c</b>                           |                                               |                                                    |                                                 |
| <b>d</b>                           |                                               |                                                    |                                                 |
| <b>e</b>                           |                                               |                                                    |                                                 |

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

|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | <div style="display: flex; align-items: center;"> <div style="flex: 1;">           { If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7         </div> <div style="border-left: 1px solid black; padding-left: 5px; text-align: center;"> <b>2</b> </div> <div style="flex: 1; text-align: right;">20,460</div> </div>                                |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 | <div style="display: flex; align-items: center;"> <div style="flex: 1;">           { If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br/>in Part I, line 8         </div> <div style="border-left: 1px solid black; padding-left: 5px; text-align: center;"> <b>3</b> </div> <div style="flex: 1; text-align: right;">10,666</div> </div> |

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

(For reduced tax on net investment income by domestic private foundations subject to the section 4940(e) tax on net investment income.)

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

|           |                                                                                                                                                                                                                                   |           |     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |     |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                         | <b>1</b>  | 410 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |     |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  |     |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 410 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  |     |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 410 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |     |
| <b>a</b>  | 2017 estimated tax payments and 2016 overpayment credited to 2017                                                                                                                                                                 | <b>6a</b> |     |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |     |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> |     |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> |     |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  |     |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  |     |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .                                                                                                                             | <b>9</b>  | 410 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .                                                                                                                 | <b>10</b> |     |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>                                                                                         | <b>11</b> |     |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                  | Yes       | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                         | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br><b>(1)</b> On the foundation <b>►</b> \$ _____ <b>(2)</b> On foundation managers <b>►</b> \$ _____                                                                                                                                                 |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>►</b> \$ _____                                                                                                                                                                                                  |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                           | <b>2</b>  | No  |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                             | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                     | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .             | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .                                                                                                                                                                                                       | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><b>►</b> NM _____                                                                                                                                                                                                                                |           |     |
| <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) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .                                                                                                                                    | <b>8b</b> | Yes |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)?<br><i>If "Yes," complete Part XIV</i> . . . . .                                                                                | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .                                                                                                                                                                                                    | <b>10</b> | No  |

**Part VII-A**   **Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                    |           |  |           |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .   | <b>11</b> |  | <b>No</b> |
| <b>12</b> | 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) . . . . . | <b>12</b> |  | <b>No</b> |

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |  |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|-----------|
| <b>5a</b> | <p>During the year did the foundation pay or incur any amount to</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |           |  |           |
| <b>b</b>  | <p>If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5b</b> |  |           |
| <b>c</b>  | <p>If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |  |           |
| <b>6a</b> | <p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |  |           |
| <b>b</b>  | <p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>6b</b> |  | <b>No</b> |
| <b>7a</b> | <p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |  |           |
| <b>b</b>  | <p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7b</b> |  |           |

Tf- [REDACTED] About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees

|                                                                                                                         |                            |                         |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| <b>Total</b> number of other employees paid over \$50,000. . . . . ▶                                                    |                            |                         |
| <b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b> |                            |                         |
| <b>(a)</b> Name and address of each person paid more than \$50,000                                                      | <b>(b)</b> Type of service | <b>(c)</b> Compensation |
| NONE                                                                                                                    |                            |                         |
|                                                                                                                         |                            |                         |
|                                                                                                                         |                            |                         |
|                                                                                                                         |                            |                         |
|                                                                                                                         |                            |                         |
|                                                                                                                         |                            |                         |
|                                                                                                                         |                            |                         |
| <b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶                              |                            |                         |

|                                                                                                                                                                                                                                                        |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Part IX-A Summary of Direct Charitable Activities</b>                                                                                                                                                                                               |                 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | <b>Expenses</b> |
| <b>1</b> THE MISSION OF THE FOUNDATION IS TO SUPPORT PUBLIC CHARITIES                                                                                                                                                                                  | 19,600          |
| <b>2</b>                                                                                                                                                                                                                                               |                 |
|                                                                                                                                                                                                                                                        |                 |
| <b>3</b>                                                                                                                                                                                                                                               |                 |
|                                                                                                                                                                                                                                                        |                 |
| <b>4</b>                                                                                                                                                                                                                                               |                 |
|                                                                                                                                                                                                                                                        |                 |

|                                                                                                                  |               |
|------------------------------------------------------------------------------------------------------------------|---------------|
| <b>Part IX-B Summary of Program-Related Investments (see instructions)</b>                                       |               |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | <b>Amount</b> |
| <b>1</b> N/A                                                                                                     |               |
| <b>2</b>                                                                                                         |               |
|                                                                                                                  |               |
| All other program-related investments. See instructions.                                                         |               |
| <b>3</b>                                                                                                         |               |
|                                                                                                                  |               |
| <b>Total.</b> Add lines 1 through 3 . . . . . ▶                                                                  |               |

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

|          |                                                                                                            |           |         |
|----------|------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes |           |         |
| <b>a</b> | Average monthly fair market value of securities.                                                           | <b>1a</b> | 158,086 |
| <b>b</b> | Average of monthly cash balances.                                                                          | <b>1b</b> | 4,681   |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                  | <b>1c</b> | 0       |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                     | <b>1d</b> | 162,767 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). | <b>1e</b> |         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                      | <b>2</b>  |         |
| <b>3</b> | Subtract line 2 from line 1d.                                                                              | <b>3</b>  | 162,767 |

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2017 from Part XI, line 7                                                                                                                                |               |                            |             | 7,606       |
| <b>2</b> Undistributed income, if any, as of the end of 2017                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2016 only. . . . .                                                                                                                                               |               |                            |             |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2017                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2012. . . . . 5,501                                                                                                                                                          |               |                            |             |             |
| <b>b</b> From 2013. . . . . 18,243                                                                                                                                                         |               |                            |             |             |
| <b>c</b> From 2014. . . . . 12,135                                                                                                                                                         |               |                            |             |             |
| <b>d</b> From 2015. . . . . 10,383                                                                                                                                                         |               |                            |             |             |
| <b>e</b> From 2016. . . . . 14,292                                                                                                                                                         |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 60,554        |                            |             |             |
| <b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 19,600                                                                                                               |               |                            |             |             |
| <b>a</b> Applied to 2016, but not more than line 2a                                                                                                                                        |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              |               |                            |             |             |
| <b>d</b> Applied to 2017 distributable amount. . . . .                                                                                                                                     |               |                            |             | 7,606       |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 11,994        |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2017<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              |               |                            |             |             |
| <b>6 Enter the net total of each column as indicated below:</b>                                                                                                                            |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 72,548        |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               |                            |             |             |
| <b>c</b> 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. . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               |                            |             |             |
| <b>e</b> Undistributed income for 2016 Subtract line                                                                                                                                       |               |                            |             |             |

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

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

**2a** Enter the lesser of the adjusted net 

|          |               |
|----------|---------------|
| Tax year | Prior 3 years |
|----------|---------------|

**(e) Total**

| Recipient                                                                 | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution     | Amount |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|--------|
| Name and address (home or business)                                       |                                                                                                           |                                |                                      |        |
| <b>a Paid during the year</b>                                             |                                                                                                           |                                |                                      |        |
| KAZQ KTS4501 MONTGOMERY BLVD NE<br>ALBUQUERQUE, NM 87109                  | NONE                                                                                                      | PC                             | ALB CHRISTIAN TELEVISION<br>STATION  | 100    |
| MAKE A WISH NM7400 TIBURON DR NE<br>ALBUQUERQUE, NM 87109                 | NONE                                                                                                      | PC                             | MAKING ILL CHILDREN'S<br>WISHES TRUE | 100    |
| NEXT STEP MINISTRIES INC<br>2935 S FISH HATCHERY ROA<br>MADISON, WI 53711 | NONE                                                                                                      | PC                             | TO HELP SPREAD THE WORD OF<br>GOD    | 300    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                     |                                                                                                           |                                |                                      | 19,600 |

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 19,600 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |        |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           |        |

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated |                                             | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|------------------------------------------------|---------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                |                                             | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| <b>1</b>                                       | Program service revenue                     |                           |               |                                      |               |                                                                    |
| a                                              |                                             |                           |               |                                      |               |                                                                    |
| b                                              |                                             |                           |               |                                      |               |                                                                    |
| c                                              |                                             |                           |               |                                      |               |                                                                    |
| d                                              |                                             |                           |               |                                      |               |                                                                    |
| e                                              |                                             |                           |               |                                      |               |                                                                    |
| f                                              |                                             |                           |               |                                      |               |                                                                    |
| g                                              | Fees and contracts from government agencies |                           |               |                                      |               |                                                                    |
| <b>2</b>                                       | Membership dues and assessments.            |                           |               |                                      |               |                                                                    |

## Part XVII

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|  |  |
|--|--|
|  |  |
|--|--|

|              |           |
|--------------|-----------|
| <b>1a(1)</b> | <b>No</b> |
|--------------|-----------|

|              |           |
|--------------|-----------|
| <b>1a(2)</b> | <b>No</b> |
|--------------|-----------|

|  |  |
|--|--|
|  |  |
|--|--|

|              |           |
|--------------|-----------|
| <b>1b(1)</b> | <b>No</b> |
|--------------|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(2)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(3)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(4)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |           |
|--------------|-----------|
| <b>1b(5)</b> | <b>No</b> |
|--------------|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(6)</b> |  | <b>No</b> |
|--------------|--|-----------|

|           |  |           |
|-----------|--|-----------|
| <b>1c</b> |  | <b>No</b> |
|-----------|--|-----------|

value  
e[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

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

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

\* \* \* \* \*

Title

Form **990-PF** (2017)

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| 47 ALIGN TECH INC                                                                                                                    | D                                               | 2017-12-11                              | 2017-12-12                          |
| 266 998 JP MORGAN UNDIS MGS BEHAVIOR                                                                                                 | P                                               | 2016-05-11                              | 2017-01-09                          |
| 130 APPLIED OPTOELECTRONICS INC                                                                                                      | D                                               | 2017-06-09                              | 2017-06-19                          |
| 851 834 VIRTUS KAR SM CAP GRWTH FUND                                                                                                 | P                                               | 2016-05-09                              | 2017-01-09                          |
| 50 813 DIAMOND HILL L/S FUND CL I                                                                                                    | P                                               | 2016-05-09                              | 2017-01-11                          |
| 1006 428 FIDELITY ADV INTERNAT'L SM                                                                                                  | P                                               | 2016-05-09                              | 2017-11-28                          |
| 309 917 EQUINOX CAMPBELL STRATEGY FN                                                                                                 | P                                               | 2016-05-11                              | 2017-01-10                          |
| 694 332 MFS MID CAP VL FUND CL I                                                                                                     | P                                               | 2016-05-09                              | 2017-11-28                          |
| 172 94 EQUINOX CAMPBELL STRATEGY FND                                                                                                 | P                                               | 2016-05-11                              | 2017-01-11                          |
| 42 734 EVENTIDE GILEAD FND CL I                                                                                                      | P                                               | 2016-05-11                              | 2017-11-28                          |

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

| Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d                                           |                                                 |                                         |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
| 42 965 FEDERATED MDT LRG CAP VL INST                                                                                                 | P                                               | 2016-05-09                              | 2017-01-11                          |
| 74 239 THORNBURG LMTD TERM INC FND                                                                                                   | P                                               | 2016-05-09                              | 2017-08-18                          |
| 170 791 FIDELTIY ADV INTERNAT'L SM C                                                                                                 | P                                               | 2017-01-09                              | 2017-11-28                          |
| 79 658 CLEARBRIDGE AGG GRWTH FND                                                                                                     | P                                               | 2016-05-11                              | 2017-01-09                          |
| 56 551 MFS MID CAP VL FND CL I                                                                                                       | P                                               | 2016-05-09                              | 2017-01-11                          |
| 39 515 MFS MID CAP VL FND CL I                                                                                                       | P                                               | 2017-01-09                              | 2017-11-28                          |
| 59 564 EVENTIDE GILEAD FND CL A                                                                                                      | P                                               | 2016-05-11                              | 2017-01-11                          |
| 52 142 NUVEEN SM CAP VL FND                                                                                                          | P                                               | 2017-01-09                              | 2017-01-11                          |
| 35 801 NUVEEN SM CAP VL FND                                                                                                          | P                                               | 2017-01-09                              | 2017-11-28                          |
| 51 78 T ROWE PR BLUE CHIP GRWTH                                                                                                      | P                                               | 2017-01-09                              | 2017-11-28                          |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 1,190                 |                                            | 1,072                                           | 118                                          |
| 1,000                 |                                            | 996                                             | 4                                            |
| 3,289                 |                                            | 2,517                                           | 772                                          |
| 17,025                |                                            | 15,598                                          | 1,427                                        |
| 1,243                 |                                            | 1,120                                           | 123                                          |
| 951                   |                                            | 864                                             | 87                                           |
| 1,585                 |                                            | 1,364                                           | 221                                          |
| 1,322                 |                                            | 1,301                                           | 21                                           |
| 964                   |                                            | 893                                             | 71                                           |
| 4,626                 |                                            | 3,892                                           | 734                                          |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| (i) F M V as of 12/31/69                                                                    | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any |                                                                                              |
|                                                                                             |                                      |                                               | 118                                                                                          |
|                                                                                             |                                      |                                               | 4                                                                                            |
|                                                                                             |                                      |                                               | 772                                                                                          |
|                                                                                             |                                      |                                               | 1,427                                                                                        |
|                                                                                             |                                      |                                               | 123                                                                                          |
|                                                                                             |                                      |                                               | 87                                                                                           |
|                                                                                             |                                      |                                               | 221                                                                                          |
|                                                                                             |                                      |                                               | 21                                                                                           |
|                                                                                             |                                      |                                               | 71                                                                                           |
|                                                                                             |                                      |                                               | 734                                                                                          |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e g , real estate,<br><b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co ) | <b>(b)</b><br>How acquired<br>P—Purchase<br>D—Donation | <b>(c)</b><br>Date acquired<br>(mo , day, yr ) | <b>(d)</b><br>Date sold<br>(mo , day, yr ) |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|--------------------------------------------|
| 600 22 T ROWE PR QM US SM CAP GRWTH                                                                                                         | P                                                      | 2017-01-09                                     | 2017-11-28                                 |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| <b>(e)</b> Gross sales price | Depreciation allowed<br><b>(f)</b> (or allowable) | Cost or other basis<br><b>(g)</b> plus expense of sale | Gain or (loss)<br><b>(h)</b> (e) plus (f) minus (g) |
|------------------------------|---------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| 20,676                       |                                                   | 17,400                                                 | 3,276                                               |

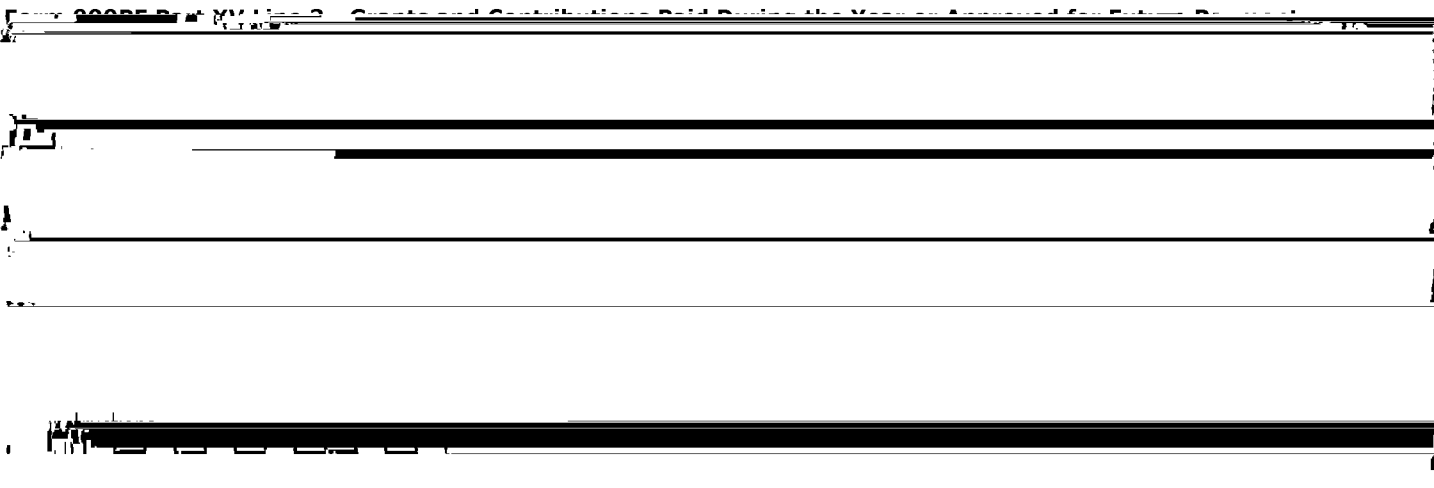
**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                             |                                                      | <b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>(i)</b> F M V as of 12/31/69                                                             | Adjusted basis<br><b>(j)</b> as of 12/31/69 | Excess of col (i)<br><b>(k)</b> over col (j), if any |                                                                                               |
|                                                                                             |                                             |                                                      | 3,276                                                                                         |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                     |        |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution    | Amount |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                     |        |
| ALBUQUERQUE MUSEUM FOUNDATION<br>2000 MOUNTAIN RD NW<br>ALBUQUERQUE, NM 87104                            | NONE                                                                                                      | PC                             | FURTHER CULTURAL/EDUCATION PROGRAMS | 800    |
| BIG BROTHERS BIG SISTERS-CENTRAL NM<br>2500 LOUSIANA BLVD NE<br>ALBUQUERQUE, NM 87110                    | NONE                                                                                                      | PC                             | SUPPORT CHILDREN AND COMMUNITIES    | 350    |
| BOY SCOUTS TROOP 409<br>5841 OFFICE BLVD NE<br>ALBUQUERQUE, NM 87109                                     | NONE                                                                                                      | PC                             | PREPARE YOUNG TO MAKE GOOD CHOICES  | 800    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                     | 19,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                         |        |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution        | Amount |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                         |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                         |        |
| CARE NET PREGNANCY CENTER<br>9809 CANDELARIA BLDG 1-A<br>ALBUQUERQUE, NM 87112                           | NONE                                                                                                      | PC                             | TO PROVIDE SUPPORT<br>PREGNANT WOMEN    | 500    |
| CLN KIDSPO BOX 12786<br>ALBUQUERQUE, NM 87195                                                            | NONE                                                                                                      | PC                             | EARLY CHILD DEV SERVICES<br>FOR HOMELES | 250    |
| FRIENDS OF MAJOR BARKER MEMORIAL<br>13170 CENTRAL AVE SE STEB<br>ALBUQUERQUE, NM 87123                   | NONE                                                                                                      | PC                             | TO SUPPORT JROTC PROGRAMS<br>IN ALB NM  | 100    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                         | 19,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                    |        |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution   | Amount |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                    |        |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                    |        |
| HOPE EVANGELICAL FREE CHURCH<br>4710 JUAN TABO NE<br>ALBUQUERQUE, NM 87111                               | NONE                                                                                                      | PC                             | TO SHARE THE GOSPEL WITH THE WORLD | 10,000 |
| ILLINOIS WESLEYAN UNIVERSITY<br>PO BOX 2900<br>BLOOMINGTON, IL 61702                                     | NONE                                                                                                      | PC                             | SUPPORT STUDENTS WITHIN UNIVERSITY | 500    |
| IN FAITH MINISTRIES<br>1575 E HIGH STREET<br>LIMA, OH 45804                                              | NONE                                                                                                      | PC                             | TO HELP SPREAD THE WORD OF GOD     | 300    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                    | 19,600 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                      |        |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution     | Amount |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                      |        |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                      |        |
| NM CHAPTER OF ALS<br>2309 RENARD PL SE 105<br>ALBUQUERQUE, NM 87106                                      | NONE                                                                                                      | PC                             | SUPPORTS PEOPLE LIVING W/ALS         | 50     |
| REHOBOTH CHRISTIAN SCHOOL<br>211 TSE YAANIICHI ST<br>REHOBOTH, NM 87322                                  | NONE                                                                                                      | PC                             | PRIVATE, PARENT-CONTROLLED CHRISTIAN | 200    |
| RONALD MCDONALD HOUSE<br>1011 YALE BLVD NE<br>ALBUQUERQUE, NM 87106                                      | NONE                                                                                                      | PC                             | HOUSING FOR FAMILIES OF KIDS IN HOSP | 250    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                      | 19,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                    |        |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution   | Amount |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                    |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                    |        |
| SAMARITAN'S PURSEPO BOX 3000<br>BOONE, NC 28607                                                          | NONE                                                                                                      | PC                             | TO ASSIST PEOPLE IN NEED           | 1,000  |
| SMITH COLLEGE10 ELM STREET<br>NORTHAMPTON, MA 01063                                                      | NONE                                                                                                      | PC                             | WOMEN'S LIBERALS ARTS COLLEGE      | 1,000  |
| UNM LOBO CLUB<br>1414 UNIVERSITY BLVD SE<br>ALBUQUERQUE, NM 87106                                        | NONE                                                                                                      | PC                             | ATHLETIC SCHOLARSHIPS FOR STUDENTS | 2,000  |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                    | 19,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                     |        |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution    | Amount |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                     |        |
| WORLD CHALLENGE INCPO BOX 260<br>LINDALE, TX 75771                                                       | NONE                                                                                                      | PC                             | TO PROCLAIM THE GOSPEL TO THE WORLD | 1,000  |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                                                    |                                                                                                           |                                |                                     | 19,600 |

**TY 2017 Accounting Fees Schedule****Name:** THE CARDINAL FOUNDATION**EIN:** 26-3867156**Accounting Fees Schedule**

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| TAX PREPARATION | 2,790         |                                  |                                |                                                      |

**TY 2017 Investments Corporate Stock Schedule****Name:** THE CARDINAL FOUNDATION**EIN:** 26-3867156

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---------------|------------------------|-------------------------------|
| SECURITIES    | 161,971                | 176,382                       |

**TY 2017 Legal Fees Schedule****Name:** THE CARDINAL FOUNDATION**EIN:** 26-3867156

| Category   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|------------|--------|--------------------------|------------------------|---------------------------------------------|
| LEGAL FEES | 55     |                          |                        |                                             |

**TY 2017 Other Decreases Schedule**

**Name:** THE CARDINAL FOUNDATION  
**EIN:** 26-3867156

| Description        | Amount |
|--------------------|--------|
| FEDERAL EXCISE TAX | 1,878  |

**TY 2017 Other Expenses Schedule****Name:** THE CARDINAL FOUNDATION**EIN:** 26-3867156**Other Expenses Schedule**

| Description            | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| EXPENSES               |                                      |                          |                        |                                             |
| FILING FEES            | 10                                   |                          |                        |                                             |
| TRADE FEES NOT IN 1099 | 51                                   | 51                       |                        |                                             |

**TY 2017 Other Professional Fees Schedule****Name:** THE CARDINAL FOUNDATION**EIN:** 26-3867156

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| BROKER FEES     | 1,770         | 1,770                            |                                |                                                      |

**TY 2017 Taxes Schedule****Name:** THE CARDINAL FOUNDATION**EIN:** 26-3867156

| <b>Category</b>     | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|---------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| FOREIGN TAX EXPENSE | 6             | 6                                |                                |                                                      |
| NM GRT              | 130           | 130                              |                                |                                                      |



|                                                        |                                                     |
|--------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE CARDINAL FOUNDATION | <b>Employer identification number</b><br>26-3867156 |
|--------------------------------------------------------|-----------------------------------------------------|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | WILLETTA SUE TRAVELSTEAD<br>5800 MAHOGANY PLACE NE<br>ALBUQUERQUE, NM 87111 | \$ 19,394                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| -          |                                                                             | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -          |                                                                             | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -          |                                                                             | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -          |                                                                             | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -          |                                                                             | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -          |                                                                             | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -          |                                                                             | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |

|                                                        |                                                     |
|--------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE CARDINAL FOUNDATION | <b>Employer identification number</b><br>26-3867156 |
|--------------------------------------------------------|-----------------------------------------------------|

| <b>Part II</b> <b>Noncash Property</b> (See instructions) Use duplicate copies of Part II if additional space is needed |                                              |                                                |                      |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| (a)<br>No. from Part I                                                                                                  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| 1                                                                                                                       | 130 SHS APPLIED OPTOELECTRONICS              | \$ 8,412                                       | 2017-06-09           |
| (a)<br>No. from Part I                                                                                                  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| 1                                                                                                                       | 47 SHS ALIGN TECHNOLOGY                      | \$ 10,982                                      | 2017-12-11           |
| (a)<br>No. from Part I                                                                                                  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                                                         |                                              | \$                                             |                      |
| (a)<br>No. from Part I                                                                                                  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                                                         |                                              | \$                                             |                      |
| (a)<br>No. from Part I                                                                                                  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                                                         |                                              | \$                                             |                      |
| (a)<br>No. from Part I                                                                                                  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                                                         |                                              | \$                                             |                      |
| (a)<br>No. from Part I                                                                                                  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                                                         |                                              | \$                                             |                      |

**Name of organization**  
THE CARDINAL FOUNDATION

**Employer identification number**

26-3867156

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more