Return of Private Foundation

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

2949120904222 OMB No 1545-0052

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▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar-year 2017 or tax year beginning and ending Name of foundation A Employer identification number 95-4518246 CACIOUE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 200 (626) 961-3399 800 ROYAL OAKS DR. City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here MONROVIA, CA 91016 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation X Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here 1 Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) 24,683. SCANNELLANG 3 0 2018 Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) Part I (a) Revenue and expenses per books (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) income income 155,000. N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 155,000 0 12 Total, Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 35 0 18 Taxes STMT 19 Depreciation and 20 Occupancy Travel, confere 21 ices, and meetings plications 0 2 2018 22 Printing and 📆 23 Other expenses 24 Total operating and administrative UT expenses. Add lines 13 through 23 35 0 154,786 154,786. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 154,821 154,786. Add lines 24 and 25 0 27 Subtract line 26 from line 12: 179 a Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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N/A

1193 3

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

95-4518246 Form 990-PF (2017) CACIQUE FOLDATION Part II' Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 24,683. 1 Casn - non-interest-bearing 24,504. **24**,683. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the 24,504. 24,683. 24,683. instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. 24,683 27 Capital stock, trust principal, or current funds 24,504. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0 29 Retained earnings, accumulated income, endowment, or other funds 0. 24,504 24,683 30 Total net assets or fund balances 24,504 31 Total liabilities and net assets/fund balances 24,683 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 24,683. Decreases not included in line 2 (itemize) 24,683. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form 990-PF (2017)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

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	·	266 1113	struc	LIONS	<u> </u>	
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%				0.	
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.	
	Add lines 1 and 2				0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0.	
6	Credits/Payments:					
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.					
b	Exempt foreign organizations - tax withheld at source 6b 0.					
C	Tax paid with application for extension of time to file (Form 8868)  6c  0.					
d	Backup withholding erroneously withheld 6d 0.					
7	Total credits and payments. Add lines 6a through 6d				0.	
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8				0.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
	Enter the amount of line 10 to be: Credited to 2018 estimated tax					
	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		1	es!	No	
• • •	any political campaign?	<u> </u>	1a		X	
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	<u> </u>	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	<u> </u>	<del>''</del>			
	distributed by the foundation in connection with the activities.	1				
_	•	1	1c		X	
	Did the foundation file Form 1120-POL for this year?	-		-+		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	,				
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		ļ			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1		
	managers. ► \$ 0.				7.7	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2	-+	<u>X</u>	
_	If "Yes," attach a detailed description of the activities.			1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			1		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-	3		X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	.,_  -	_4a		<u>X</u> _	
		I/A	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	_5		<u>X</u>	
	If "Yes," attach the statement required by General Instruction T.	1	- [			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ļ			
	By language in the governing instrument, or	1	1			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	]	]	1		
	remain in the governing instrument?	1	6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	L	7	X		
		1	1	1		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			- 1		
	CA		- 1	ļ		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1		
	of each state as required by General Instruction G? If "No," attach explanation		8b	X_		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	Ī				9-
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	Ì	9	1	Х	1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X	v
		Forr	п <b>990</b>	-PF(	2017)	

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ed)		
5a During the year, did the foundation pay or incur any amount to:	•			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Yes	x X No		
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ctly,		ì	
any voter registration drive?		Yes	s X No		ŀ
(3) Provide a grant to an individual for travel, study, or other similar purposes?	)	Ye:	s X No	1	}
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			- }	
4945(d)(4)(A)? See instructions		☐ Ye	s X No	ļ	ļ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	)r			1
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described in				
section 53.4945 or in a current notice regarding disaster assistance? See instru		Ü	N/A 5	ь	
Organizations relying on a current notice regarding disaster assistance, check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned			
expenditure responsibility for the grant?		/A	s No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	nav premiums on			- 1	į
a personal benefit contract?	ouy promisimo on	Ye	s X No	- 1	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?		i	ь	X
If "Yes" to 6b, file Form 8870.	orsonial benefit contracts		<u> </u>		† <del></del>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ Ve	s X No		ļ
b if "Yes," did the foundation receive any proceeds or have any net income attribu		۰، ـــــ		'b	<del> </del>
Part VIII Information About Officers, Directors, Trusto		nagers Highly		<u></u>	<u> </u>
Paid Employees, and Contractors	ood, i odiidation ma	nagoro, rugin,			
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
		(c) Compensation	(d) Contributions to	(e) Ex accoun	pense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accoun allowa	t, other
ANA DE CARDENAS-RAPTIS	PRESIDENT	enter-u-)	compensation	dilotte	unoco
P.O. BOX 1047	EVEDIDEMI	:			
MONROVIA, CA 91017	5.50	0.	0.		0.
HONKOVIA, CA JIUII	7.30				<u> </u>
· · · · · · · · · · · · · · · · · · ·	<del></del>	<del> </del>			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "MONE "	<u> </u>		
2 Compensation of the highest-paid employees totale than those inc		enter NONE.	(d) Contributions to	(a) Ex	mense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred	accoun	pense it, other ances
NOVE	devoted to position	<u> </u>	compensation	allow	ances
NONE			l		
		Į.	ļ		
			<del> </del>	-	
		ļ	ļ		
			<u> </u>		
			1	L	
Total number of other employees paid over \$50,000			<b></b>		0
	<del></del>		Form	990-Pf	F (2017)

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.  N/A  Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  All other program-related investments. See instructions.	orm 990-PF (2017) CACIQUE FOUNDATION	95-4	518246 Page 7
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE    Total number of others reserving over \$50,000 for professional services   Part IX-A   Summary of Direct Charitable Activities		indation Managers, Highly	
NONE    Cotal number of others receiving over \$50,000 for professional services   Decided in the professional service   Decided in the profes	<del></del>		
Cotal number of others receiving over \$50,000 for professional services   Dart IX-A   Summary of Direct Charitable Activities		(b) Type of service	(c) Compensation
Part IX-B   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  N/A  Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  All other program-related investments. See instructions.	NONE		
Part IX-B   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  N/A  Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  All other program-related investments. See instructions.			
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Part IX-B   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  N/A  Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  All other program-related investments. See instructions.	Total number of others receiving over \$50 000 for professional services		<b>&gt;</b>
N/A  Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  All other program-related investments. See instructions.	Part IX-A Summary of Direct Charitable Activities		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  All other program-related investments. See instructions.	List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research paper	statistical information such as the sproduced, etc.	Expenses
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  All other program-related investments. See instructions.	<del></del>		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  All other program-related investments. See instructions.			
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  All other program-related investments. See instructions.	2		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  All other program-related investments. See instructions.	3		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  N/A  All other program-related investments. See instructions.			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  N/A  All other program-related investments. See instructions.	<u> </u>		
N/A  All other program-related investments. See instructions.	Part IX-B   Summary of Program-Related Investments		<del></del>
All other program-related investments. See instructions.		ear on lines 1 and 2.	Amount
All other program-related investments. See instructions.	N/A		
	2		<del></del>
	All other program-related investments. See instructions.		
	Total Add lines 1 through 3		

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	0. 24,145.
	Fair market value of all other assets	1c	
d		1d	24,145.
	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	24,145.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	362.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	23,783.
6	Minimum investment return. Enter 5% of line 5	6	1,189.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,189.
2a			
b	Income tax for 2017. (This does not include the tax from Part VI.)	1 1	
_	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,189.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,189.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,189.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	.	154 706
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	154,786.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
þ		3b	154 706
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	154,786.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	•
	income. Enter 1% of Part I, line 27b	5	0. 154,786.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	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 **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

		<del></del>		
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	Обриз	rears prior to 2010	2010	2017
line 7	ļ	ļ		1,189.
2 Undistributed income, if any, as of the end of 2017				1/105.
a Enter amount for 2016 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 102, 310.				
b From 2013 91,572.				
c From 2014 55,341.				
d From 2015 55, 734.				
e From 2016 66, 363.		!		
f Total of lines 3a through e	371,320.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: $\triangleright$ \$ 154, 786.			_	
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		<u> </u>
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	<del></del>		
d Applied to 2017 distributable amount			<u> </u>	1,189.
e Remaining amount distributed out of corpus	153,597.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	<del></del>		0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	524,917.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	ļ	
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018		<del> </del>		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_		1	
may be required - see instructions)	0.		<del> </del>	<u> </u>
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	102,310.	<del></del>		<del> </del>
9 Excess distributions carryover to 2018	400		<b>\</b>	
Subtract lines 7 and 8 from line 6a	422,607.		<u> </u>	<del></del>
10 Analysis of line 9:				
a Excess from 2013 91,572.				
b Excess from 2014 55, 341.				
c Excess from 2015 55,734.				
d Excess from 2016 66, 363.				
e Excess from 2017 153,597.		<u> </u>	<del></del>	Form <b>990-PF</b> (2017)
723581 01-03-18				FORM MINING PROPERTY

Form 990-PF (2017) CACIQUE FOUNDATION 95-4518246 Páge 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a 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 foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (b) 2016 (d) 2014 (a) 2017 (c) 2015 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) SEE STATEMENT 4 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d SEE STATEMENT 3 a The name, address, and telephone number or email address of the person to whom applications should be addressed: MT. SAC FOUNDATION - MOUNT SAN ANTONIO COLLEGE, 909-274-4215 12 A FOUNDATION OFFICE LA PUENTE DRIVE, WALNUT, CA 91789 b The form in which applications should be submitted and information and materials they should include: CONTACT THE MT. SAC FOUNDATION OFFICE ON THE CAMPUS OF MOUNT SAN ANTONIO COLLEGE c Any submission deadlines CONTACT THE MT. SAC FOUNDATION FOR DETAIL OF SUBMISSION DEADLINES d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: CONTACT THE MT. SAC FOUNDATION FOR ALL RESTRICTIONS OR LIMITATIONS OF AWARDS 723601 01-03-18 Form 990-PF (2017)

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b	1 1				
c					
d					
е	1 1				
f					
g Fees and contracts from government agencies			7		
! Membership dues and assessments					
Interest on savings and temporary cash					
investments	<u> </u>				
Dividends and interest from securities	<del> </del>	_ <del></del>			
Net rental income or (loss) from real estate:	<u> </u>	<del></del>		<u> </u>	<del></del>
a Debt-financed property	<u> </u>	<del></del>			
b Not debt-financed property					
Net rental income or (loss) from personal					
property		<del></del>			
Other investment income					
3 Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events				ļ	
Gross profit or (loss) from sales of inventory					
Other revenue:	}		1		
a	1				
b	_				······································
c	_				
d	_				
e	_				
2 Subtotal. Add columns (b), (d), and (e)	<u> </u>	<del></del>	0.		
3 Total. Add line 12, columns (b), (d), and (e)				13	
See worksheet in line 13 instructions to verify calculations.	)	<del></del>			<del></del>
Part XVI-B Relationship of Activities	to the Acco	mplishment of	Exemp	ot Purposes	
<del></del>			-		
Line No. Explain below how each activity for which in the foundation's exempt purposes (other th	icome is reported ii	olumn (e) of Part X	VI-A contri V	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other th	all by providing lot	ius ior such purposes	).		
					<del></del> _
		<del></del>			
					·—·-
				·= ·-	

723621 01-03-18

Pa	rt XVII	Information Re Exempt Organi		fers to a	nd Transactions a	nd Relationsh	ips With Nonch	naritable		
1	Did the or			f the following	g with any other organization	n described in secti	on 501(c)		Yes	No
		· •			to political organizations?		<b>、</b> ,			
		from the reporting founda	•		· · ·					
	(1) Cash							1a(1)		_X_
	(2) Other	assets						1a(2)		X
b	Other tran	sactions:								
	(1) Sales	of assets to a noncharital	ble exempt organizati	on				1b(1)		X X X
		nases of assets from a nor	-	ganization				1b(2)		<u>X</u>
		al of facilities, equipment,	or other assets					1b(3)		<u>X</u>
		bursement arrangements						1b(4)		X
		s or loan guarantees						1b(5)		X X X
		rmance of services or me						1b(6)		_ <u>A</u> _
		f facilities, equipment, ma			pioyees dule. Column (b) should alv	wave chow the fair n	narket value of the goo	de other acc	ote .	
	or service	s given by the reporting fo	oundation. If the foun	dation receive	ed less than fair market valu				.c.o,	
		the value of the goods,	<del>,</del>		<del></del>	1				
(a) Lu	ne no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions,	and sharing ar	rangeme	ents
				N/A						
				<del></del>	<del></del>					
						-				
		<del>-</del> -								
			**		·····					
							,,,,,			
		······································			<del></del>					
	le the four	adation directly or and rect	the officered with or s	olated to ano	or more tax-exempt organ	uzotrogo deserribed		<del></del> -		
		501(c) (other than section	- '	•	or more tax-exempt organ	iizations described		Yes	Γx	No
		omplete the following sch	· · · · · · ·	511011 527				163		LI NO
		(a) Name of org			(b) Type of organization	1	(c) Description of rela	tionship		<del></del>
		N/A								
								·		
	1					<u> </u>	<del></del>			
C:-					ng accompanying schedules and in taxpayer) is based on all infori			May the IRS return with the	discuss	this
Sig He	)!!   <b> </b>	1.1/11				$\cdot \cdot \cdot D$	1 4	shown below	v? See ir	nstr
110	<u>                                    </u>	noture of officer or trustee			/6/25/18	_ /	<i>M</i> 4	X Yes	s L	_  No
	Sigi	Print/Type preparer's na		Dranararia a	Date	Title Date	Check If F	TIN		
		Transfigure preparer \$ 116	มเห	Preparer's s		Date	self- employed	1 111		
Pai	id	HAO NGUYEN	,	<i>X</i> /.	<b>//</b>	6-21-18	, -	P00647	1167	)
	eparer	Firm's name ► RIC			OURIS EMERSON		Firm's EiN ▶ 01			
	e Only	THIN SHAIRE P KIC	NOCUMEN.	ONTOGO	OKID EMEKSOR	A TITE	THIN SERV P UI	00/13	, , +	
	•	Firm's address ▶ 29	42 COLUMB	TA STR	EET		<del> </del>		•	
			RRANCE, C				Phone no. (31	0) 527	7-45	550
		10		<u> </u>				Form 99		

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number

95-4518246 CACIOUE FOUNDATION Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

95-4518246

CACIO	UE FOUNDATION		0-4310440
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CACIQUE, INC.  800 ROYAL OAKS DR., SUITE 200  MONROVIA, CA 91016	\$ 155,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

## CACIQUE FOUNDATION

95-4518246

(a) No. from Part I  (a) No. from Part I  (b) FMV (or (See inst  (c)  (b) FMV (or (See inst  (c)  (c)  (d) No. from Part I  (e)  (a) No. from Description of noncash property given  (b) FMV (or (See inst  (c)  (d) No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or (See inst  (c)  (a) No. from Part I  (b) FMV (or (See inst  (c)  (c)  (d) No. from Description of noncash property given  (d) No. from Description of noncash property given  (d) No. from Description of noncash property given  (See inst  (d) No. from Description of noncash property given  (See inst  (d) No. from Description of noncash property given  (See inst  (d) No. from Description of noncash property given  (See inst  (d) No. from Description of noncash property given  (See inst  (d) No. from Description of noncash property given  (See inst  (d) FMV (or (See inst  (d)	is needed.		
(a) No. from Part I  (b) FMV (or (See inst  (a) No. from Part I  (a) No. from Part I  (b) FMV (or (See inst  (	(c) FMV (or estimate) (See instructions.)		
No. rom Description of noncash property given  (a) No. (b) FMV (or (See instant)  (a) No. (c) Description of noncash property given  (b) FMV (or (See instant)  (c) Description of noncash property given  (d) No. (e) FMV (or (See instant)  (d) No. (e) Description of noncash property given  (d) No. (e) FMV (or (See instant)  (e			
(a) No. (b) FMV (or (See instant)  (a) No. (b) FMV (or (See instant)  (a) No. (b) Description of noncash property given  (a) No. (b) FMV (or (See instant)  (a) No. (b) FMV (or (See instant)  (b) FMV (or (See instant)  (c) Description of noncash property given  (d) No. (b) FMV (or (See instant)  (a) No. (b) FMV (or (See instant)  (d) No. (See instant)  (a) No. (b) FMV (or (See instant)  (d) No. (b) FMV (or (See instant)  (d) No. (b) FMV (or (See instant)  (d) No. (d) Pescription of noncash property given	(c) estimate) tructions.)	(d) Date received	
No. rom Description of noncash property given  (a) No. (b) FMV (or (See ins noncash property given Description of noncash property given (See ins noncash property given Description of noncash property given See ins noncash property given (See ins noncash property given Description of noncash property given See ins noncash property given Se			
(a) No. from Description of noncash property given  \$  (a) No. from Description of noncash property given  \$  FMV (or (See ins)  \$  FMV (or (See ins)  \$  (b) FMV (or (See ins)  \$  (a) No. from Description of noncash property given  \$  (b) FMV (or (See ins)  \$  (a) No. from Description of noncash property given  (b) FMV (or (See ins)  \$  FMV (or (See ins)  \$  (a) No. from Description of noncash property given  (b) FMV (or (See ins)  \$  FMV (or (See ins)  \$  (b) FMV (or (See ins)  \$  (c) FMV (or (See ins)  \$  (c) FMV (or (See ins)  \$  (d) FMV (or (See ins)  \$	(c) estimate) tructions.)	(d) Date received	
No. from Description of noncash property given  \$			
(a) No. Ifrom Description of noncash property given (See insection of the content	(c) estimate) tructions.)	(d) Date received	
No. from Description of noncash property given  (See instance)  (a) No. from Description of noncash property given  (b) FMV (or (See instance)  FMV (o			
(a) No. (b) FMV (or prom Description of noncash property given (See inc.)	(c) r estimate) structions.)	(d) Date received	
No. (b) FMV (or Description of noncash property given (See ins			
	(c) r estimate) structions.)	(d) Date received	

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

FORM 990-PF PART XV, LINE 1A

A SUBSTANTIAL PORTION OF THE CONTRIBUTIONS TO THE FOUNDATION FOR THE YEAR ENDED DECEMBER 31, 2017 WERE RECEIVED FROM CACIQUE, INC.

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

ORM 990-PF

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

STATEMENT

3

VAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

4T. SAC FOUNDATION - MOUNT SAN ANTONIO COLLEGE 12 A FOUNDATION OFFICE LA PUENTE DRIVE VALNUT, CA 91789

TELEPHONE NUMBER NAME OF GRANT PROGRAM

909-274-4215

CACIQUE "UNA MANO AMIGA" SCHOLARSHIP - MOUNT SAN ANTONIO COLLEGE

## FORM AND CONTENT OF APPLICATIONS

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

#### ANY SUBMISSION DEADLINES

CONTACT MT. SAC FOUNDATION FOR DETAIL OF SUBMISSION DEADLINES.

## RESTRICTIONS AND LIMITATIONS ON AWARDS

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