

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation Charles & Adele Ilfeld Foundation Inc		A Employer identification number 85-0312053	
Number and street (or P O box number if mail is not delivered to street address) 700 Fitzgerald Rd NW		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code Albuquerque, NM 87107		B Telephone number (see instructions)	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <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	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 947,799		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis )			

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 (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . . .	19,505	19,505		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	125,657			
	b Gross sales price for all assets on line 6a 322,882				
	7 Capital gain net income (from Part IV, line 2) . . . .		125,657		
	8 Net short-term capital gain . . . . .			35	
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	145,162	145,162	35	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	4,574	1,691		2,883
	c Other professional fees (attach schedule) . . . . .	3,595	3,595		
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .	3,677	372		10
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .				
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	11,846	5,658		2,893
	25 Contributions, gifts, grants paid . . . . .	46,500			46,500
	26 Total expenses and disbursements. Add lines 24 and 25	58,346	5,658		49,393
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	86,816			
	b Net investment income (if negative, enter -0-)		139,504		
c Adjusted net income (if negative, enter -0-) . . . .				35	

<b>Part II 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 . . . . .					
	<b>2</b> Savings and temporary cash investments . . . . .	12,794	10,130	10,130		
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>4</b> Pledges receivable ▶ _____ 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) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>8</b> Inventories for sale or use . . . . .					
	<b>9</b> Prepaid expenses and deferred charges . . . . .		945	945		
	<b>10a</b> Investments—U S and state government obligations (attach schedule)					
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	842,205	936,228	936,228		
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .					
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ 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 ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
<b>15</b> Other assets (describe ▶ _____)	330	496	496			
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	855,329	947,799	947,799			
<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	0			
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>					
	<b>24</b> Net assets without donor restrictions . . . . .	123,453	215,923			
	<b>25</b> Net assets with donor restrictions . . . . .	731,876	731,876			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>					
	<b>26</b> Capital stock, trust principal, or current funds . . . . .					
	<b>27</b> Paid-in or capital surplus, or land, bldg , and equipment fund					
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds					
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	855,329	947,799			
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	855,329	947,799				

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	855,329
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	86,816
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	5,654
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	947,799
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	947,799

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

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

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (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) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) 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> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	<b>2</b>	125,657
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	35

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	48,893	937,720	0 05214
2017	48,748	879,409	0 055433
2016	41,591	804,235	0 051715
2015	55,447	845,038	0 065615
2014	28,825	857,685	0 033608
<b>2</b> Total of line 1, column (d)			<b>2</b> 0 258511
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 051702
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			<b>4</b> 923,307
<b>5</b> Multiply line 4 by line 3			<b>5</b> 47,737
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 1,395
<b>7</b> Add lines 5 and 6			<b>7</b> 49,132
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 49,393

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

**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 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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	1,395
<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>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	1,395
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<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>	1,395
<b>6</b>	Credits/Payments		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	2,340
<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>	2,340
<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>	
<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>	945
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2020 estimated tax</b> ▶ 945 <b>Refunded</b> ▶	<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). . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<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 (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<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? If "Yes," attach a conformed copy of the changes . . . . .	<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? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 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? If "Yes," complete Part II, col (c), and Part XV . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ 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? If "No," attach explanation .	<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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<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>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► _____	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► Rhonda Paynter Telephone no ► (505) 344-9606			

Located at ► 369 Montezuma No 384 Santa Fe NM ZIP+4 ► 87501

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	15		
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ► _____			

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

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . .	<b>1b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . .		<input type="checkbox"/>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019). . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

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

		Yes	No
<b>5a</b>	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	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
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	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
(5)	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
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did any 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.	<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
<b>c</b>	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6a</b>	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
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	<b>6b</b>	
<b>7a</b>	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
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>7b</b>	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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 deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ►		

**Part IX-A 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.

	Expenses
<b>1</b> NONE	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of 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	Amount
<b>1</b> NONE	0
<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>	933,155
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	4,044
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	169
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	937,368
<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>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	937,368
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	14,061
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	923,307
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	46,165

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	46,165
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5.	<b>2a</b>	1,395
<b>b</b>	Income tax for 2019 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	1,395
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	44,770
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	44,770
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	44,770

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	49,393
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	49,393
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	1,395
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	47,998

**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.



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

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				44,770
<b>2</b> Undistributed income, if any, as of the end of 2019				
<b>a</b> Enter amount for 2018 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				1,379
<b>d</b> From 2017. . . . .				5,838
<b>e</b> From 2018. . . . .				4,337
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	11,554			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 49,393				
<b>a</b> Applied to 2018, 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 2019 distributable amount. . . . .				44,770
<b>e</b> Remaining amount distributed out of corpus	4,623			
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	16,177			
<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 2018 Subtract line 4a from line 2a Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	16,177			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				1,379
<b>c</b> Excess from 2017. . . . .				5,838
<b>d</b> Excess from 2018. . . . .				4,337
<b>e</b> Excess from 2019. . . . .				4,623

**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 2019, 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 income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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) )  
Kathryn Polster

**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

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ 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 instructions.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
Richard Nordhaus  
700 Fitzgerald Rd NW  
Albuquerque, NM 87107  
(505) 344-9606  
richardnordhaus@gmail.com

**b** The form in which applications should be submitted and information and materials they should include  
Exhibit Attached

**c** Any submission deadlines  
15th day after end of qtr

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
Exhibit Attached

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

Recipient Name and address (home or business)	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
<b>a Paid during the year</b>				
Presbyterian Medical Services 1422 Paseo de Peralta Santa Fe, NM 87501	NA	PC	Indigent Health	10,000
Mora Valley Community Health PO Box 209 Mora, NM 87732	NA	PC	Indigent Health	11,500
Mental Health Assoc of NM PO Box 513 Las Vegas, NM 877010513	NA	PC	Indigent Health	4,000
El Centro Family Health PO Box 158 Española, NM 87532	NA	PC	Indigent Health	21,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	46,500
<b>b Approved for future payment</b>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	0

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

**1** Program service revenue

a \_\_\_\_\_

b \_\_\_\_\_

c \_\_\_\_\_

d \_\_\_\_\_

e \_\_\_\_\_

f \_\_\_\_\_

g Fees and contracts from government agencies

**2** Membership dues and assessments. . . . .**3** Interest on savings and temporary cash investments . . . . .**4** Dividends and interest from securities. . . . .**5** Net rental income or (loss) from real estate

a Debt-financed property. . . . .

b Not debt-financed property. . . . .

**6** Net rental income or (loss) from personal property**7** Other investment income. . . . .**8** Gain or (loss) from sales of assets other than inventory . . . . .**9** Net income or (loss) from special events**10** Gross profit or (loss) from sales of inventory**11** Other revenue a \_\_\_\_\_

b \_\_\_\_\_

c \_\_\_\_\_

d \_\_\_\_\_

e \_\_\_\_\_

**12** Subtotal. Add columns (b), (d), and (e). . . . .**13 Total.** Add line 12, columns (b), (d), and (e). . . . . **13** 145,162  
(See worksheet in line 13 instructions to verify calculations.)**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes****Line No.**

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets.	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	*****	2020-05-06	*****	May the IRS discuss this return with the preparer shown below? (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Lawrence C Johns				P01202215
	Firm's name ▶ Lawrence C Johns CPA				Firm's EIN ▶ 85-0357433
Firm's address ▶ 1019 Douglas Ave Las Vegas, NM 877014483					Phone no (505) 425-5239

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
American Inv Co of Ame A CapGainDiv	P	1991-08-21	2019-12-19
Franklin Growth A CapGainDiv	P	1991-02-19	2019-12-04
American Europacific Grw CapGainDiv	P	1991-08-21	2019-12-20
American Cap Inc Builder CapGainDiv	P	2017-12-26	2019-12-23
24sh Ishares Russell 1000 Value ETF	P	2018-07-27	2019-04-18
132sh Ishares Core MSCI EAFE ETF	P	2018-01-12	2019-04-18
83sh Ishares Core Japan ETF	P	2018-01-12	2019-04-18
23sh Ishares Russell Midcap G ETF	P	2017-07-07	2019-04-18
29sh Ishares Russell Midcap V ETF	P	2017-07-07	2019-04-18
6sh Ishares Russell 1000 Grw ETF	P	2017-07-07	2019-04-18

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
3,650			3,650
2,938			2,938
1,415			1,415
1,566			1,566
3,022		3,000	22
8,237		9,085	-848
4,595		5,221	-626
3,182		2,475	707
2,564		2,405	159
930		711	219

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

[illegible]

<p>List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )</p>	<p>(b) How acquired P—Purchase D—Donation</p>	<p>(c) Date acquired (mo , day, yr )</p>	<p>(d) Date sold (mo , day, yr )</p>
4sh Vanguard Short Term Bnd	P	2013-03-08	2019-04-18
1sh Vanguard Total Bond Market	P	2013-03-08	2019-04-18
2sh Vanguard Total Bond Market	P	2015-02-25	2019-04-18
1sh Vanguard Total Bond Market	P	2016-07-15	2019-04-18
MS ShortTerm Gain Loss See Attached	P	2018-12-31	2019-12-31
MS Long Term Gain Loss See Attached	P	1993-09-10	2019-12-31
Transamerica C sold in 2019	P	2014-11-03	2019-12-06

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
317		324	-7
81		83	-2
161		166	-5
81		84	-3
1,641		1,628	13
288,479		172,043	116,436
23			23

[illegible]

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Philip J Wolff III	Director 1 00	0	0	0
518 8th Street Las Vegas, NM 87701				
Jeff Salman	Past President 1 00	0	0	0
34 Villa Sangria Las Vegas, NM 87701				
Kathryn Polster	Director 1 00	0	0	0
14530 Deervale Place Sherman Oaks, CA 91403				
Peter Tart	Past Vice President 1 00	0	0	0
717 N Harwood 9th Floor Dallas, TX 75201				
Rhonda Paynter	Treasurer 1 00	0	0	0
369 Montezuma No 384 Santa Fe, NM 87501				
Richard Nordhaus	President 1 00	0	0	0
700 Fitzgerald Rd NW Albuquerque, NM 87107				
Mary Nordhaus	Secretary 1 00	0	0	0
700 Fitzgerald Rd NW Albuquerque, NM 87107				
Chris Arrott	Vice President 1 00	0	0	0
Arrott Ranch 372 McAlisterRefugeHwy Las Vegas, NM 87701				



**TY 2019 Accounting Fees Schedule****Name:** Charles & Adele Ifeld Foundation Inc**EIN:** 85-0312053

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
QUARTERLY FINANCIAL STATEMENTS	3,382	1,691	0	1,691
PREPARATION OF 2018 FORM 990PF	1,192	0	0	1,192

## TY 2019 Investments Corporate Stock Schedule

**Name:** Charles & Adele Ifeld Foundation Inc

**EIN:** 85-0312053

### Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
Ishares Tips Bond ETF	11,191	11,191
FRANKLIN GROWTH FUND CLASS A	58,062	58,062
CAPITAL INCOME BUILDERS FUND C	167,376	167,376
EUROPACIFIC GROWTH FUND CLASS	82,231	82,231
INVESTMENT COMPANY OF AMERICA	81,760	81,760
Transamerica Sht Term Bd Fd C	0	0
Ishares Russell Midcap Value I	5,781	5,781
Ishares Russell Midcap Growth	5,951	5,951
Ishares Russell 1000 Value Ind	46,540	46,540
Ishares Russell 1000 Growth In	27,444	27,444
Ishares Tr Russell 2000 Value	2,829	2,829
Ishares Tr Russell 2000 Growth	2,785	2,785
Transamerica Sht Term Bd Fd A	18,028	18,028
PIMCO Enhanced Shrt Mtrt Exc	11,276	11,276
Vanguard Total Bd Market ETF	22,558	22,558
Vanguard Short Term Bond	28,213	28,213
ETSF Physical Precious Metal	45,840	45,840
Ishares Core MSCI EAFE ETF	65,240	65,240
Ishares Core MSCI Emerging ETF	28,332	28,332
Ishares 20Yr Treasury Bd ETF	23,709	23,709
Lord Abbett Income A	143,027	143,027
Lord Abbett Ultra Short Bd A	52,249	52,249
Ishares MSCI Japan ETF	5,806	5,806

# TY 2019 Other Assets Schedule

**Name:** Charles & Adele Ifeld Foundation Inc

**EIN:** 85-0312053

## Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST AND DIVIDENDS RECE	330	496	496

**TY 2019 Other Increases Schedule**

**Name:** Charles & Adele Ifeld Foundation Inc  
**EIN:** 85-0312053

Description	Amount
INCREASE IN UNREALIZED GAIN	5,654

**TY 2019 Other Professional Fees Schedule****Name:** Charles & Adele Ifeld Foundation Inc**EIN:** 85-0312053

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
Smith Barney Advisory Services	3,595	3,595	0	0

**TY 2019 Taxes Schedule****Name:** Charles & Adele Ilfeld Foundation Inc**EIN:** 85-0312053

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CORP FILING FEES	10	0	0	10
FOREIGN TAX WITHHELD	372	372	0	0
2018 EXCISE TAX Balance	1,800	0	0	0
2019 EXCISE TAX Total	1,395	0	0	0
Coros Attorney General Report	100	0	0	0

PROCEDURES GOVERNING APPLICATION FOR  
FUNDS FROM CHARLES AND ADELE ILFELD FOUNDATION, INC.  
CRITERIA TO BE APPLIED IN DISTRIBUTING SAID FUNDS, AND  
REPORTING REQUIREMENTS AS SET FORTH HEREINBELOW:

1). Procedures for application for funds from Charles and  
Adele Ilfeld Foundation, Inc.:

Any non-profit health care organization, certified as exempt  
from federal taxation under Section 501 (c) (3) of the Internal  
Revenue Code of the United States of America, with its principal  
health care facility situate in San Miguel County, Mora County, or  
Guadalupe County, New Mexico is authorized to apply for funds of  
the Charles and Adele Ilfeld Foundation, Inc. The application for  
funds shall be made by the directing officer of the Health Care  
Facility and shall include the following:

- a). Name of the owner of the Health Care Facility.
- b). Name of the operating officer of the Health Care  
Facility.
- c). A statement that the facility is certified as exempt by  
the Internal Revenue Service from payment of Federal  
Income taxes under Section 501 (c) (3) of the Internal  
Revenue Code.
- d). A statement that the applicant will distribute funds in  
accordance with the criteria established herein and;
- e). A statement that the applicant will retain individual  
records of the indigent persons whose Hospital or health  
care billings have been paid from Foundation funds for  
a period of six years. Said records must include, at a  
minimum, vouchers certifying to the amount billed and  
paid and the signed Affidavit of the indigent patient  
stating that said person is indigent, a copy of said  
Affidavit is attached hereto. Applicant, donee  
organization must further certify that required reports  
will be submitted on a quarterly basis on such date as  
shall be required by the Foundation.

2). Criteria for Qualification:

Indigent persons shall be those persons whose financial  
circumstances are such that they are unable to pay the cost of  
needed medical care. Indigency shall be defined as follows:

P. 1 XV Exhibit  
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All persons who require or will require treatment at a Health Care Facility, who, taking into account their present income and those assets available to them and their requirements for other necessities of life, for themselves and for their dependents, are persons who are unable to pay the cost of the health care administered. This class includes those persons who are minors, whose parents or custodian is unable to afford such care, but such class does not include those persons whose expenses are covered by Medicaid, Medicare, or any other third party coverage.

3). In allocating funds amongst indigent applicants, Applicant should give priority to applicants over the age of 65 years. However, such priority requirements shall not be construed to be absolute and shall not be subordinate to situations of particular need.

4). Applicant shall insure that each person receiving Foundation funds shall have completed the indigent patient declaration statement attached hereto and shall have signed the Affidavit that such person is medically indigent.

5). donee organizations are required to maintain the funds distributed to them by this Foundation as Trust funds. Said funds shall be kept segregated from other funds of the applicant organization and shall not be co-mingled with other funds of the applicant organization prior to actual distribution in payment of an individual's outstanding medical bill.

6). All reports filed by the corporation must be certified true and correct by the operating officer of the donee organization.

7). By acceptance of Foundation funds, the Applicant organization agrees that the records of the Applicant shall be subject to examination by Officers and Employees of the Foundation at any reasonable time and the donee organization further agrees

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that it will make such records available upon request and will provide a reasonable facility in which such records may be examined.

8). Attached hereto and marked as Exhibit "1" is the indigent application form which shall be utilized by applicant organizations. Attached hereto and marked as Exhibit 2 is the form of Affidavit of Indigency which shall be utilized by Applicant organizations.

9). In the event all available funds have been distributed prior to the end of the fiscal year of the corporation, the Board retains the right to suspend receipt, review, and approval or disapproval of further application during the remainder of each such fiscal year.

10). The Board of Directors and, if so appointed, the Executive Committee, have the absolute discretion to approve or reject an application. The basis for such rejection or approval shall likewise be within the sole discretion of the Board of Directors and the Executive Committee, subject only to compliance with the general purposes for which the Foundation is organized.

11). In the event distributions are made pursuant to any application which shall subsequently be determined to have been falsely presented to the Foundation, the Foundation retains the right to seek recovery from any applicant by demand or action at law.

12). The name, amount, and fact of application shall not be considered as privileged information. The Board will not willfully reveal the details of any applicant's financial condition except to such employees or Board Members as may reasonably require such

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information. In no event shall publication of any information regarding the applicant be considered an invasion of privacy, slander, or libel of such applicant.

13). The Board retains the right to revoke, revise, or reconsider any approval or rejection of an application.

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PRESIDENT OF CHARLES AND  
ADELE ILFELD FOUNDATION,  
INC.

ATTEST:

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ROBERT J. NORDHAUS  
Secretary-Treasurer

For 290 =  
1.7 X 10<sup>6</sup> - exhibit  
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## STATEMENT OF POLICY

1. Attached hereto and marked as Exhibit "A" is a letter from Mr. Robert J. Nordhaus, Secretary of the Charles and Adele Ilfeld Foundation, Inc., to Mr. David L. Allen of the United States Internal Revenue Service. Said Exhibit "A" is a complete statement of the manner in which funds will be distributed by the Charles and Adele Ilfeld Foundation, Inc., and said Exhibit "A" is formally adopted as the Foundation plan of operation policy.

2. Attached hereto and marked as Exhibit "B" is a Statement of the criteria to be followed by donee Health Care Organizations in applying funds provided by the Charles and Adele Foundation, Inc., in payment of the health care costs of medically indigent persons.

3. It shall be the policy of this corporation to require donee organizations to file quarterly reports with the President of the Foundation. Said reports shall consist of a quarterly report of the uses made of monies provided by this Foundation. The report shall include, but not be limited to, the following:

- a). Number of individuals served.
- b). Total amount expended.
- c). Age distribution of the individuals receiving aid, said distribution to be reported in ten year categories commencing with zero to ten and terminating with 100 and over.
- d). A certificate shall be provided with each quarterly report that the persons served were medically indigent as defined hereinbelow.

4. For purposes of the Foundation, medically indigent shall be defined as:

"Those persons who require or may require treatment at a health care facility, who, taking into account their present income and those assets available to them and their requirements for other necessities of life, for themselves and for their

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dependents, are persons who are unable to pay the cost of the health care administered. This class includes those persons who are minors, whose parents or custodian is unable to afford such care, but such class does not include those persons whose expenses are covered by Medicaid, Medicare, or any other third party coverage.

5. The donee organization must agree to retain records of distribution for a total of six years, said records to include, at a minimum, the Hospital billing paid and proof of indigency, said proof including an Affidavit signed by the medically indigent person attesting to his medically indigent status.

6. This Statement of Policy and the exhibits attached hereto may be provided, upon request, qualified tax exempt organizations operating in San Miguel County, Mora County, or Guadalupe County, State of New Mexico. The policies established hereinabove shall be subject to modification by the Board of Directors of the Foundation and any such changes or modification to this policy shall become binding upon the donee organization upon notice.

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Part XV  
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SUPPLEMENTAL INFORMATION TO APPLICATION 1023  
OF THE CHARLES AND ADELE ILFELD FOUNDATION, INC.

624 University Avenue  
Las Vegas, New Mexico 87701

Case No. 753216038 E.O.  
O.M.B. Clearance No. 1545-0056

ATTENTION: DAVID L. ALLEN

In response to your letter dated August 23, 1983 (copy of which is attached) with respect to the proposed activities of the Charles and Adele Ilfeld Foundation, Inc. the following information is provided:

1. The Foundation prefers not to be considered an operating foundation and therefore proposes to make grants from its income to other non-profit organizations to be disbursed to individuals in a manner consistent with the purposes of the Foundation.

2. The principal work of the Foundation will be to make grants to bona fide public hospitals and other non-profit health care organizations which are 501(c)(3) organizations in good standing and which provide medical services and health care in San Miguel, Mora and Guadalupe Counties of New Mexico. The Foundation will consider the applications of such organizations in accordance with the following general criteria.

(a) The applicant organization will distribute funds to individuals who are found to be "medically indigent" and incapable of paying for some or all of health care costs which they have incurred. Disbursements could be made for (but not limited to) the non-reimbursible portions of Part A of Medicare, Medicaid and other health care costs not covered by public assistance. Funds are not to be disbursed to individuals for the payment of medical costs which would otherwise be paid by health insurance or other public agencies. It is the intention of the Foundation that the grant funds be distributed among a relatively large group of individuals in relatively small amounts as opposed to a relatively small group of individuals in relatively large amounts, and the individuals ultimately receiving funds should be principally but not exclusively residents of San Miguel, Mora and Guadalupe Counties.

(b) Applicant organizations must demonstrate that their organization is capable of screening applicants and otherwise administering the funds in a fiduciary capacity in accordance with the above criteria. (Of course, the funds must be disbursed in a non-discriminatory fashion with reference to race, religion, sex and national origin.

(c) Applicant organizations must be willing to account for their use of the funds at least annually and provide such reports as may be reasonably requested by the Foundation to determine that the funds are being appropriately used.

(d) No applications containing the above criteria have been developed at this time.

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## STATEMENT

**NAME :**

(Name of Indigent medical patient, or person or persons legally responsible for patient's debts)

**ADDRESS:**

**HOSPITAL:**

DOCTOR:

**DATES OF MEDICAL CARE**

**DATES OF DOCTOR VISITS:**

**ADMITTING PHYSICIAN:**

**TOTAL HOSPITAL COST:.....\$**

(Itemized Statement attached)

**TOTAL DOCTOR COST:.....\$**

PATIENT, INSURANCE OR MEDICARE PAID.....\$

**BALANCE OWING: .....\$**

Briefly inform us as to the medical nature of the case, with a view toward the recovery of the patient, period of recuperation, disability that may effect future earning power of patient, etc.

The undersigned has checked all charges for the above patient and finds the amount is the correct balance as of this date:

**AUTHORIZED REPRESENTATIVE**  
**of Applicant**

Form 990-PF  
Part XV - Exhibit  
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INDIGENT PATIENT DECLARATION STATEMENT

A F F I D A V I T

STATE OF NEW MEXICO )  
 )SS  
COUNTY OF )

I, \_\_\_\_\_ being first duly  
sworn, upon oath say:

That I am without sufficient funds or source of income to pay  
my account with \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_ or any part thereof.

That I have no insurance to cover this account: \_\_\_\_\_

If insured, my insurance carrier is: \_\_\_\_\_

That I do not have any property or sufficient assets which can  
be made subject to or assigned for the payment of said account \_\_\_\_\_

That I do not foresee any property or sufficient assets which  
can be made subject to or assigned for the payment of said  
account: \_\_\_\_\_

Those assets currently owned by me are sufficient to provide  
the necessities of life but are insufficient to provide and to pay  
this account. \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to  
release information regarding this application to third persons  
and I specifically waive any legal claim I have or might have for  
revealing such information.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
APPLICANT

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

My Commission Expires:  
\_\_\_\_\_

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I, the undersigned, hereby verify that I qualify as an "Indigent Patient", which is as follows:

Those persons eligible for charitable or below cost services will be described as follows:

All persons who require or will require treatment at \_\_\_\_\_, who, taking into account their present income and those assets available to them and their requirements for other necessities of life, for themselves and for their dependents, are persons who are unable to pay the cost of the medical care administered. This class includes those persons who are minors, whose parent or custodian is unable to afford such care, but such class does not include those persons whose expenses are covered by Medicaid, Medicare, or any other third party coverage.

I, the undersigned, hereby authorize \_\_\_\_\_, to make any inquiry of any person, firm or corporation relevant to this statement and further authorize any person, firm or corporation to provide pertinent information as may be requested by said medical facility or Board. This statement and all entries on it constitute an oath of the person signing it.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
INDIGENT PATIENT

\_\_\_\_\_  
WITNESS

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