Form 990-PF

EXTENDED TO NOVEMBER 15, 2018

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

	r social security numbers on v.irs.gov/Form990PF for instr			2017
Internal Revenue Service Go to www For calendar year 2017 or tax year beginning	v.irs.gov/Formi990PF for insu	, and ending	ormadon.	Open to Public Inspection
Name of foundation		`	A Employer identification	number
			01 4700500	
ILLINOIS NO. 3 FOUNDATION Number and street (or P O box number if mail is not delivered to stre		Room/suite	81-4700522 B Telephone number	
PO BOX 900	50. add 653)	1100,1135,113	575-736-40	00
City or town, state or province, country, and ZIP or foreign	postal code		C If exemption application is po	anding, check here
ARTESIA, NM 88211-0900				. 🗔
G Check all that apply: Initial return		rmer public charity	D 1. Foreign organizations	, check here
Final return Address change	Amended return Name change		Foreign organizations me check here and attach cor	eting the 85% test,
	exempt private foundation	<u> </u>	1	
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition 🖟 🗸	E If private foundation state under section 507(b)(1)	
	nting method: X Cash	Accrual	F If the foundation is in a 6	
	Other (specify)		under section 507(b)(1)	(B), check here
5 15,199,157. (Part I, col	umn (a) must be on cash basis		(3) (4)	(d) Diob
Part 1 Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	542,550.	· · · · · · · · · · · · · · · · · · ·	N/A	
2 Check Inf the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	000000	006 000		OM 3 MT3 (
4 Dividends and interest from securities	236,008.	236,008.		STATEMENT 1
5a Gross rents b Net rental income or (loss)			,	
62 Not carp or (loce) from cale of accets not on line 10	9,090,103.		REC	EIVED
b Gross sales price for all .9,345,969.			i mi	2 9 2018
b Gross sales price for all		9,090,103.	S JUN	2 9 2018 3
8 Net short-term capital gain			<u>U</u>	
9 Income modifications Gross sales less returns			OGE	EN. UT
10a and allowances				
c Gross profit or (loss)	 	······································	 	
11 Other income				
12 Total. Add lines 1 through 11	9,868,661.	9,326,111.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits 2 16a Legal fees STMT 2	76,608.	0.		76,608.
b Accounting fees STMT 3	6,500.	0.	 	6,500.
c Other professional fees STMT 4	10,000.	0.	t	10,000.
17 Interest				,
18 Taxes STMT 5	5,057.	5,057.		0.
19 Depreciation and depletion				
20 Occupancy	27,683.	0.	 	27,683.
Y 21 Travel, conferences, and meetings	7.	0.	J	7.
© 23 Other expenses STMT 6	18,421.	10,704.		7,717.
24 Total operating and administrative				
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23	144,276.	15,761.		128,515.
25 Contributions, gins, grants paid	35,000.			35,000.
26 Total expenses and disbursements. Add lines 24 and 25	179,276.	15,761.		163,515.
27 Subtract line 26 from line 12:	117,210.	13,701.		100,010
Substact line 20 from line 12. Excess of revenue over expenses and disbursements.	9,689,385.			
b Net investment income (if negative, enter -0-)		9,310,350.		
c Adjusted net income (if negative, enter -0-)			N/A	
Zenson on an ILLIA For Dangawork Reduction Act No	tion and instructions			Form QQA_DF (2017

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	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
	41 C	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	5,000,001.	721,593.	721,593.
	2	Savings and temporary cash investments			
	3	Accounts receivable ► 645.			
		Less: allowance for doubtful accounts		645.	645.
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons y			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ď	108	Investments - U.S. and state government obligations			
	t	Investments - corporate stock STMT 8	9,659,430.	3,078,264.	10,503,973.
	•	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	0.	10,508,446.	3,972,946.
	14	Land, buildings, and equipment basis	<u> </u>		
		Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
_		ınstructions. Also, see page 1, item I)	14,659,431.	14,308,948.	15,199,157.
	17	Accounts payable and accrued expenses		2,311.	
	18	Grants payable .			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>ia</u>	21	Mortgages and other notes payable		.	
_	22	Other liabilities (describe			
			_	2 211	
_	23	Total liabilities (add lines 17 through 22)	0.	2,311.	ļ
		Foundations that follow SFAS 117, check here			
Ś]	and complete lines 24 through 26, and lines 30 and 31.			
ĕ	24	Unrestricted			
Balances	25	Temporarily restricted			
	26	Permanently restricted Foundations that do not follow SFAS 117, check here			
5		•			
Net Assets or Fund	27	and complete lines 27 through 31.	0.	0.	
ets	27 28	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	-0.	
\ss	29	Retained earnings, accumulated income, endowment, or other funds	14,659,431.	14,306,637.	1
et/		Total net assets or fund balances	14,659,431.	14,306,637.	
Z	30	Total list assets of fully paralless	14,000,401.	14,300,037.	
	١,,	Total liabilities and net assets/fund balances	14,659,431.	14,308,948.	
=				14,500,540.	
LF	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	Il net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	14,659,431.
2	•	er amount from Part I, line 27a	•	2	9,689,385.
3		er increases not included in line 2 (itemize)		. 3	0.
4		lines 1, 2, and 3		4	24,348,816.
5		reases not included in line 2 (itemize)	SEE ST.	ATEMENT 7 5	10,042,179.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	14,306,637.
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Partive Capital Gains	and Losses for	lax on inves	tment	income						
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(6) Ho P - D -	w acq Purch Donat	uired (i ase ion	c) Date a (mo., da		(d) Date sold (mo., day, yr.)	
<u> 1a </u>					<u> </u>				· · · · · · · · · · · · · · · · · · ·	
b SEE ATTACHED	STATEMENT						_			
<u>c</u>					-					
d					-					
(a) Cross seles prins	(f) Depreciation	allowed	(g) Cos	t or other basis	' 		l	(h) Ga	ın or (los:	 s)
(e) Gross sales price	(or allowat			xpense of sale			((f) minus	
8										
b					\dashv			·.		
C										
e 9,345,969.				255,86	6.					9,090,103.
Complete only for assets show		and owned by the fo	undation				(1) (Gains (Co	ol. (h) gan	
	(j) Adjusted			cess of col. (I)	\neg		col. (k), but ne	ot less tha	an -0-) or
(I) FMV as of 12/31/69	as of 12/3			col. (j), if any				Losses (from col.	(n))
8										
b		<u></u>								
<u>c</u>					\dashv					
d					+					9,090,103.
e		ana also ester a D	art Lina		1	П			-	3,030,2030
2 Capital gain net income or (net o		gain, also enter in P (loss), enter -0- in P			<u>}</u>	2				9,090,103.
3 Net short-term capital gain or (lo	•				΄.					
If gain, also enter in Part I, line 8		(-)	/ -		}					_
If (loss), enter -0- in Part I, line 8	3	1010/-\ 1 B		Tana and Mari		3			N/Z	<u> </u>
PartV Qualification (ent inco	me		
(For optional use by domestic priva	te foundations subject	to the section 4940	(a) tax on	net investment i	ncome.	}				
If section 4940(d)(2) applies, leave	this part blank.									
Was the foundation liable for the se	ction 4942 tay on the (distributable amount	t of any ve	ear in the base ne	riod?					Yes X No
If "Yes," the foundation doesn't qual										
1 Enter the appropriate amount in	each column for each	year, see the instru	ctions be	fore making any	entries.					
(a) Base period years		(b)		Naturalizada	(c)				Dıstr	(d) ibution ratio
Calendar year (or tax year beginn	ning in) Adjuste	d qualifying distribu		Net value of n					(col. (b) d	ivided by col. (c))
2016			0.		14,	, 22	7,739	· 		.000000
2015	 -			-				┼		v
2014 2013								┼		
2012	-							 		·
2012										,
2 Total of line 1, column (d)								2		.000000
3 Average distribution ratio for the	5-year base period -	divide the total on lir	ne 2 by 5.	0, or by the numl	ber of y	ears				
the foundation has been in exist	ence if less than 5 yea	rs						3		.000000
			_					1.1		12 710 026
4 Enter the net value of noncharit	able-use assets for 20	17 from Part X, line	5				••	4		13,719,836
E. Multinhi lung 4 hyr lung 2								5		0.
5 Multiply line 4 by line 3	•									
6 Enter 1% of net investment inco	ome (1% of Part I. line	27b)						6		93,104
	,	, .		•						
7 Add lines 5 and 6								7		93,104
	~									
8 Enter qualifying distributions fro	•							8		163,515
If line 8 is equal to or greater th See the Part VI instructions.	an line 7, check the bo	x in Part VI, line 1b,	and com	plete that part usi	ing a 1%	6 tax r	rate.			

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PartVII Excise Tax Based on Investment Income (Section 494)				
1a Exempt operating foundations described in section 4940(d)(2), check here \ and ei	nter "N/A" on line 1.			
Date of ruling or determination letter: (attach copy of letter if nec				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	93,	104.
of Part I, line 27b	Ī			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 49	% of Part I, line 12, col. (b).))		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, of	thers, enter -0-)	2		0.
3 Add lines 1 and 2		3	93,	104.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; o	thers, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	, ,	5	93,	104.
6 Credits/Payments:	Ī			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 0 -	1		
b Exempt foreign organizations - tax withheld at source	6b 0.			
c Tax paid with application for extension of time to file (Form 8868)	6c 105,000.			
d Backup withholding erroneously withheld	6d O.			
7 Total credits and payments. Add lines 6a through 6d		7	105,	000.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	iched	8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ [9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. ▶ [10	11,	896.
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	11,896 . Refunded >	11		0.
Partivura Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or intervene i	n	Ye	es No
any political campaign?			1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpor	ses? See the instructions for the definit	ion	16	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	of any materials published or			
distributed by the foundation in connection with the activities.				
c Did the foundation file Form 1120-POL for this year?			10	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the				
(1) On the foundation. > \$ 0. (2) On foundation managers				
e Enter the reimbursement (if any) paid by the foundation during the year for political expend managers. ► \$ 0 •	iture tax imposed on foundation			
2 Has the foundation engaged in any activities that have not previously been reported to the li	RS?		2	Х
If "Yes," attach a detailed description of the activities.				عتداء
3 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			3	Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		4a	$-\frac{\pi}{x}$
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5. Was there a liquidation termination dissolution or substantial contraction during the year		,		- - - - - - - - - -

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

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

8a Enter the states to which the foundation reports or with which it is registered. See instructions. NM 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)

If "Yes," attach the statement required by General Instruction T

• By language in the governing instrument, or

remain in the governing instrument?

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

of each state as required by General Instruction G? If "No," attach explanation

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 year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? it "yes." attach a schedule listing their names and addresse

8b X 9 10

6

X

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Pe	रिरे VIIFA Statements Regarding Activities (continued)				
				Yes	No
11	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		11	1	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advi	sory privileges?			
	If "Yes," attach statement. See instructions	., .	12	[]	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
14	The books are in care of ▶ DAN LEWIS Telephon	е по. ▶575-7	36-4	000	
	Located at ▶ PO BOX 900, ARTESIA, NM	ZIP+4 ▶8			00
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here				
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15 }	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign country				
Pe	成以用因 Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year, did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	İ		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		Ü		
	a disqualified person?	Yes X No	į.		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	İ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			}
	(5) Transfer any income or assets to a disqualified person (or make any of either available		ļ		
	for the benefit or use of a disqualified person)?	Yes X No	8		1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1		
	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.)	Yes X No	ł		{
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		j	ì	1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	▶ □			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not correct	ed	ij.		
	before the first day of the tax year beginning in 2017?		10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating found	dation			
	defined in section 4942(j)(3) or 4942(j)(5)):		į.		
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) be	eginning	ļ		}
	before 2017?	Yes X No	ļ		ì
	If "Yes," list the years ▶ , , , ,		Ü		[
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to in	correct	ŀ	}	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and	attach		}})
	statement - see instructions.)	N/A	26		
c	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	>		}	1	}
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time) 1	}
	during the year?	Yes X No			
t	o If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified pers				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)				
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedi				
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	•	48		X
ŧ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable p	ourpose that			

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

Total number of other employees paid over \$50,000

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations mu	st complete this part. For	eign foundation	ons, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable,	etc., purposes;		
8	Average monthly fair market value of securities	•	1a	12,226,279.
b	Average of monthly cash balances		1b	1,702,489.
C	Fair market value of all other assets		1c	
đ	Total (add lines 1a, b, and c)		10	13,928,768.
е	Reduction claimed for blockage or other factors reported on lines 1a and			T
	1c (attach detailed explanation)	le	0.	
2	Acquisition indebtedness applicable to line 1 assets		2	<u> </u>
3	Subtract line 2 from line 1d		3	13,928,768.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, s	ee instructions)	4	208,932.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on F	art V, line 4	5	13,719,836.
6	Minimum investment return. Enter 5% of line 5		6	685,992.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations, check here ▶ ☐ and do not complete this part.)	(j)(5) private operating foun	dations and cer	
1	Minimum investment return from Part X, line 6		1	685,992.
28	Tax on investment income for 2017 from Part VI, line 5	2a 93,	104.	T
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b		
C	Add lines 2a and 2b		2c	93,104.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	592,888.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	592,888.
8	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part X	II, line 1	7	592,888.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo	ses:	J	-
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	163,515.
b	Program-related investments - total from Part IX-B		. <u>1b</u>	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:		<u> </u>	_[
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and	Part XIII, line 4	4	163,515.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invest	ment		
	income. Enter 1% of Part I, line 27b		5	93,104.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	70,411.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years wh	en calculating whether the fo	undation qualifi	es for the section

Part XIII Undistributed Income (see instructions)

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only 33,136.	2,888.
2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only 33,136.	
a Enter amount for 2016 only	
b Total for prior years:	
Excess distributions carryover, if any, to 2017:	
1 1 1	
a From 2012 b From 2013	
c From 2014	
dFrom 2015	
eFrom 2016	
f Total of lines 3a through e O.	
4 Qualifying distributions for 2017 from	
Part XII, line 4: ▶\$ 163,515.	
a Applied to 2016, but not more than line 2a	
b Applied to undistributed income of prior	
years (Election required - see instructions)	
c Treated as distributions out of corpus	
(Election required - see instructions) 0.	
	0,379.
e Remaining amount distributed out of corpus	
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.
6 Enter the net total of each column as indicated below:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	
b Prior years' undistributed income. Subtract	
line 4b from line 2b	
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	
d Subtract line 6c from line 6b, Taxable	
amount - see instructions 0.	
e Undistributed income for 2016. Subtract line	
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2017. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2018	2,509.
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3) (Election	
may be required - see instructions)	
8 Excess distributions carryover from 2012	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 0.	
10 Analysis of line 9:	
a Excess from 2013	
b Excess from 2014	
c Excess from 2015	
d Excess from 2016	
e Excess from 2017 .	

	S NO. 3 FO			81-470	0522 Page
Part XIV Private Operating For a If the foundation has received a ruling or				N/A	/_
foundation, and the ruling is effective for					
b Check box to indicate whether the found			in section	4942(j)(3) or 494	J2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		-()/(0)
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014 px	(e) Total
investment return from Part X for			† 	7	
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,			T	1	
line 4 for each year listed	_				
d Amounts included in line 2c not					
used directly for active conduct of		}	1	}	
exempt activities			- /		
e Qualifying distributions made directly			<i>y</i> *	1	
for active conduct of exempt activities.			l f		
Subtract line 2d from line 2c			 / _		
3 Complete 3a, b, or c for the alternative test relied upon:			1/		
a "Assets" alternative test - enter:			nt (1	
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		/			
b "Endowment" alternative test - enter		1			
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:				<u> </u>	<u> </u>
(1) Total support other than gross		1			
investment income (interest, dividends, rents, payments on		V			
securities loans (section	}	<i>[</i>	1	1	
512(a)(5)), or royalties)		<u></u>			
(2) Support from general public and 5 or more exempt	/				
organizations as provided in	/			i	
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from	` -				
an exempt organization	\				
(4) Gross investment income Part XV Supplementary Info	I Com	lote Abie ment ent	, if the formulation	m had 65 000 av ma	
at any time during t			it the foundation	on nad \$5,000 or mo	re in assets
1 Information Regarding Foundation	n Managers:	-			
a List any managers of the foundation wh			ntributions received by t	he foundation before the clos	e of any tax
year (but only if they have contributed in	nore than \$5,000). (Se	e section 507(d)(2).)			
SEE STATEMENT 12					
b List any managers of the foundation wh			n (or an equally large po	rtion of the ownership of a pa	rtnership or
other entity) of which the foundation ha	s a 10% or greater into	erest,			
NONE					
2 Information Regarding Contribut					
Check here X if the foundation of the foundation makes gifts, grants, etc.,					ests for funds. If
	<u>_</u>				
a The name, address, and telephone num	ider or email address o	or the person to whom app	ilcations should be addr	esseo:	
b The form in which applications should b	oe submitted and infor	mation and materials they	should include:		 -
c Any submission deadlines:					
• • • • • • • • • • • • • • • • • • • •					

Gappiementaly information				,
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
he *				
	Í		ì	
5				
CENTER FOR DISASTER PHILANTHROPY			TO HELP PROVIDE	
1201 CONNECTICUT AVE. NW, SUITE 300			DISASTER RELIEF	
WASHINGTON, DC 20036	 			10,000.
				ŀ
		Į.	Į.	ļ
TEAM RUBICON			TO HELP PROVIDE	
6171 W. CENTURY BLVD SUITE 310			DISASTER RELIEF	
LOS ANGELES, CA 90045			DISASIER RELIEF	25,000.
BOS ANGEBES, CA 30043			 	23,000.
		1	Ì	[
	 			-
ı]
<u> </u>				
	<u></u>			
Total			► 3a	35,000.
b Approved for future payment				ļ
NONE				
]	Ĭ	Ì
			_	
			1	1
			Į.	ļ
				l
	+	 	+	
			[Į.
]
		ì		Ì
Total		·	b 3b	0.

Part XVI-A A	nalysis of	Income-Producing	Activities
--------------	------------	------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated business income			Excluded by section 512, 513, or 514 (e)				
gross amounts amous sales was maisted.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt			
1 Program service revenue:	code	Amount	code	Amount	function income			
a								
b								
c								
d								
·								
· 	<u> </u> i		 					
g Fees and contracts from government agencies			 	ļ 				
2 Membership dues and assessments			├	ļ				
3 Interest on savings and temporary cash investments			Í	<u> </u>				
4 Dividends and interest from securities			14	236,008.				
5 Net rental income or (loss) from real estate:				230,000.	<u> </u>			
a Debt-financed property	<u> </u>			 				
b Not debt-financed property	 		 					
6 Net rental income or (loss) from personal			 					
property			•	ļ				
7 Other investment income								
8 Gain or (loss) from sales of assets other								
than inventory	L		18	9,090,103.				
9 Net income or (loss) from special events								
10 Gross profit or (loss) from sales of inventory		·	<u> </u>					
11 Other revenue:	Ì		1]				
<u></u>		ļ	<u> </u>	ļ				
b			├	 				
	}	 -	 	 				
•	<u> </u>	 		 				
12 Subtotal. Add columns (b), (d), and (e)	 	0.	├	9,326,111.	0.			
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	<u> </u>		13	9,326,111.			
(See worksheet in line 13 instructions to verify calculations.)					3/320/1111			
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	emp	ot Purposes				
Line No. Explain below how each activity for which income	me is reported	in column (e) of Part XVI-A	contri	buted importantly to the accord	nplishment of			
the foundation's exempt purposes (other than	by providing it	mus for such purposes).						
								
								
				 				
								
				_ 				
								
								
								

(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes No

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

a Tra	nsfers f	rom the reporting founda	ition to a noncharitab	le exempt org	janization of:						
(1)	Cash								1a(1)		X
(2)	Other a	assets							1a(2)		X
b Oth	er trans	actions:									
(1)	Sales	of assets to a noncharitab	ole exempt organizati	on					1b(1)		X
(2)	Purcha	chases of assets from a noncharitable exempt organization									$\overline{\mathbf{x}}$
(3)	Rental	of facilities, equipment, o	or other assets						1b(3)		$\overline{\mathbf{x}}$
		ursement arrangements							1b(4)		X
		or loan guarantees							1b(5)		X
		mance of services or mei	mbership or fundrais	ino solicitatio	ns				1b(6)		X
٠.		facilities, equipment, mai	<u>-</u>	-					10	-1	X
	_		-		dule. Column (b) should a	lwavs	s show the fair m	arket value of the o		ets	
					ed less than fair market val					,	
		the value of the goods, o						or on army arrange			
(a)Line n	-, ` -	(b) Amount involved			exempt organization	Т	(d) Description	of transfers, transaction	ons, and sharing an	rangeme	nts
	1	· · · · · · · · · · · · · · · · · · ·		N/A	-	\dashv					
	┰	· · ·				┱					
_	_					o					
						\dashv					
	+					\dashv					
						$\neg \uparrow$		-			
						$\neg \vdash$		-			
	+					十					
	+					-+					
	+					┪					
_	+				-	\dashv					
_	\vdash					\dashv					
	_					-+					—
						\dashv					
	+					+					
						┰		<u></u> .			
2a Is	the four	dation directly or indirect	the affiliated with or n	elated to one	or more tax-exempt organ	nizatio	ons described				
		501(c) (other than section	•	-	or more and exempt organ	nzan	JIIS GCSCIIDCG		Yes	X	l No
		mplete the following sche		Stron OLT						L # 3.	J 180
	100, 00	(a) Name of org			(b) Type of organization	Т		(c) Description of re	elationship		
		N/A			() //	+		,			
				-		十					
						+					
					-	╁					
						+-	_				
					g accompanying schedules an				May the IRS	Siderine 1	50 T
Sign	and be	lief, it is true, correct, and con	nphate Declaration of pre	other that	n taxpayer) is based on all infor	rmatio	n of which preparer	has any knowledge	return with th	e prepari	er 📗
Here		Kusi)	Ki-CK		1/0~)5-17	{	DIRECT	OR	shown below X Yes		No
	Sign	ature of office or trustee			Date		Title				
		Print/Type preparer's na		Preparer's s	ignature	Da	ite	Check if	PTIN		
				0	_ 1			self- employed			
Paid		BILL FEUER	<u> </u>	l ħ	un far	lo e	5/25/18		P01060	529	
Prep	arer	Firm's name ► SPR		ARD I	L.P.		7, 20, 20	Firm's EIN ▶ 7			
Use		, J						, , , , , , , , , , , , , , , , , , , ,			
	•	Firm's address ▶ P .	O. BOX 1	51				 			
			DLAND, TX					Phone no. 57	5-748-1	374	
		,						1. 1.01.0 1.0.	Form 990		(2017)
									. 3 201	• '	,)

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

ILLINOIS NO. 3 FOUNDATION 81-4700522 Organization type (check one). Filers of Section: Form 990 or 990-EZ ارے) 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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).

Name of organization

Employer identification number

ILLINOIS NO. 3 FOUNDATION

81-4700522

Pentl	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	P.O. BOX 900 ARTESIA, NM 88211-0900	\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	s	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

ILLINOIS NO. 3 FOUNDATION

81-4700522

11 /	Managala Brancha (co. 1 1800) the deficiency (CD.		-4/00522
art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	5,000 SHARES OF EOG STOCK		
	*	\$542,550.	12/31/17
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	!

(c) Use of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(d) Description of how gift is held

(a) No. from Part I

(b) Purpose of gift

TUTINOTO NO. 2 FC		01 470	70322	TAGE I OF I
Part W Capital Gains and Los	ses for Tax on Investment Income			
(a) List and	describe the kind(s) of property solo	d, e.g., real estate,	(b)	How acquired (c) Date acquired (d) Date sold (mo., day, yr.) (mo., day, yr.)
2-story brid	ck warehouse; or common stock, 20	00 shs. MLC Co.	1	D - Donation (mo., day, yr.) (mo., day, yr.)
a CVS HEALTH CORE				08/14/17/12/18/17
NORDSTROM INC		09/11/1708/14/17		
c ROCKWELL COLLIN		09/18/17/08/14/17		
d MYLAN FOREIGN S			-	09/18/17/08/14/17
e EOG RESOURCES	JIOCK		_	12/19/16/08/03/17
			-	
f EOG RESOURCES				12/19/1608/04/17
g EOG RESOURCES				12/19/1611/03/17
h EOG RESOURCES			l_	12/19/1611/07/17
EOG RESOURCES				12/19/1611/15/17
EOG RESOURCES	·			12/19/1611/16/17
k				
<u>"</u> I				† † · · · · · · · · · · · · · · · · · ·
				
<u>m</u>				
n				
0				
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (loss)
	(or allowable)	plus expense of sale		(e) plus (f) minus (g)
62,235.		62,835.		<600.
17,007.		17,273.		<266.
18,048.		17,376.		672.
17,729.		17,304.		425.
4 04 5 0 2 5		20,930.		1,194,107.
7 045 054		20,939.		1,227,045.
3,700,677.		53,752.		3,646,925.
536,957.		7,578.		529,379.
2,021,775.		30,312.		1,991,463.
508,530.		7,577.		500,953.
k				
1				
m -		1		
-		 		
<u> </u>				
Complete anhi for accets about	g gain in column (h) and owned by	the foundation on 12/21/60		(1) 1 (f
Complete only for assets showin				(I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k),
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)		but not less than "-0-")
(1)1 :111:12 : 43 01 1220 1700	as of 12/31/69	over col. (j), if any		·
a		!		<600.
)				<266.
				672.
1	,			425.
		· · · · · · · · · · · · · · · · · · ·		1,194,107.
		 		1,227,045.
<u> </u>	-			
9		-		3,646,925
<u>h</u>				529,379.
i				1,991,463.
j				500,953.
k				
l				
n		<u> </u>		
		 		
n		 		
<u> </u>		<u> </u>		
	. If noin olen ente	er in Part I line 7		
2 Capital gain net income or (net ca	ipital loss) - { if gain, also enter *-	er in Part I, line 7 -0-" in Part I, line 7	2	9,090,103.
2 Not chart-term candal cars or flor	ss) as defined in sections 1222(5) a	•		
If gain, also enter in Part I, line 8,		ina (0 <i>)</i> .	1	
If (loss), enter "-0-" in Part I, line 8	8	ſ	3	N/A
(1000), ontoi o mi arti, mio	·	<u> </u>		47/ 44

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECUR	ITIES ST	PATEMENT 1
GROSS AMOUNT		CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UBS FINANCIAL SERVICES UBS FINANCIAL	217,835.		0.	217,835.	217,835.	-
SERVICES	18,173.	I	0.	18,173.	18,173.	
TO PART I, LINE 4	236,008.		0.	236,008.	236,008.	
FORM 990-PF		LEGAL	FE:	ES	S'	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL SERVICES	_	76,608.		0.		76,608.
TO FM 990-PF, PG 1, LN 16A		76,608. 0.		76,6		
=		ACCOUNTI	NG	FEES	S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEE		6,500.		0.		6,500.
TO FORM 990-PF, PG 1, LN 16B		6,500.	0.		······································	6,500.
			-			

FORM 990-PF C	THER PROFES	SIONAL FEES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI		
PROFESSIONAL SERVICES	10,000.	0.		10,00	00.	
TO FORM 990-PF, PG 1, LN 16C	10,000.	0.		10,00	00.	
FORM 990-PF	TAX	ES	S	TATEMENT	5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI		
FOREIGN TAXES	5,057.	5,057.			0.	
TO FORM 990-PF, PG 1, LN 18	5,057.	5,057.			0.	
FORM 990-PF	OTHER E	OTHER EXPENSES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI		
COMPUTER SOFTWARE BILLING FEE INVESTMENT EXPENSE	5,406. 2,311. 10,704.	0. 0. 10,704.		5,40 2,31		
TO FORM 990-PF, PG 1, LN 23	18,421.	10,704.		7,71	17.	
FORM 990-PF OTHER DECREASE	s in net as	SETS OR FUND E	BALANCES S	TATEMENT	7	
DESCRIPTION				AMOUNT		
ADJUST PRIOR YEAR DONATED STO ADJUST DONATED EOG STOCK TO		BASIS		9,518,35		

FORM 990-PF	CORPORATE STOCK			STATEMENT	
DESCRIPTION			BOOK VALUE	FAIR MARKE	T
COMMON STOCKS			3,078,264.	10,503,9	73.
TOTAL TO FORM 990-PF,	PART II, LINE 10	В	3,078,264.	10,503,9	73.
FORM 990-PF	OTHER I	NVESTMENTS		STATEMENT	9
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKE	T
MUTUAL FUNDS		COST	10,508,446.	3,972,9	46.
TOTAL TO FORM 990-PF,	PART II, LINE 13		10,508,446.	3,972,9	46.
FORM 990-PF	LIST OF SUBSTANT PART VII-A		UTORS	STATEMENT	10
NAME OF CONTRIBUTOR	AD	DRESS			
RYAN A. PRICE	P. O. BOX 900 ARTESIA, NM 88211-0900				

	I OF OFFICERS, D FOUNDATION MANA		STATE	EMENT 11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	_
JOHN A. YATES JR P.O. BOX 900 ARTESIA, NM 88211-0900	DIRECTOR 1.00	0.	0.	0.
NANCY E. YATES P.O. BOX 900 ARTESIA, NM 88211-0900	DIRECTOR 1.00	0.	0.	0.
JOHN A. YATES III : P.O. BOX 900 - ARTESIA, NM 88211-0900	DIRECTOR 1.00	0.	0.	0.
LESTER J. PRICE P.O. BOX 900 ARTESIA, NM 88211-0900	SECRETARY / TR 1.00	REASURER / DI 0.	0.	0.
CYNTHIA A. PRICE P.O. BOX 900 ARTESIA, NM 88211-0900	VICE PRESIDENT 1.00	DIRECTOR 0.	0.	0.
RYAN A. PRICE P.O. BOX 900 ARTESIA, NM 88211-0900	PRESIDENT / DI 1.00	RECTOR 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.
- -	XV - LINE 1A OUNDATION MANAGE	ers	STATI	EMENT 12

NAME OF MANAGER

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