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**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

2009

Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning , 2009, and ending

G Check all that apply: Initial return Initial Return of a former public charity Final return
 Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	VILES FOUNDATION, INC. P.O. BOX 1117 LAS VEGAS, NM 87701-1117	A Employer identification number 85-6011506
		B Telephone number (see the instructions)
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		C If exemption application is pending, check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 49,373.		D 1 Foreign organizations, check here <input type="checkbox"/>
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)		D 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the 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 (att sch)	74,278.			
	2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	26.	26.	26.	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	74,304.	26.	26.		
ADMINISTRATIVE AND EXPENSES	13 Compensation of officers, directors, trustees, etc.	1,040.			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) SEE ST 1	582.			
	c Other prof fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule)(see instr)				
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) SEE STATEMENT 2	1,734.			
	24 Total operating and administrative expenses. Add lines 13 through 23	3,356.			
25 Contributions, gifts, grants paid PART XV	79,600.			79,600.	
26 Total expenses and disbursements. Add lines 24 and 25	82,956.	0.	0.	79,600.	
Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-8,652.				
b Net investment income (if negative, enter -0-)		26.			
c Adjusted net income (if negative, enter -0-)			26.		

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Part II Balance Sheets		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	
ASSETS	1	Cash – non-interest-bearing	58,025.	49,373.	49,373.
	2	Savings and temporary cash investments.			
	3	Accounts receivable. ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions).			
	7	Other notes and loans receivable (attach sch) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U S and state government obligations (attach schedule).			
		b Investments – corporate stock (attach schedule).			
		c Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule). ▶				
12	Investments – mortgage loans.				
13	Investments – other (attach schedule).				
14	Land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶				
16	Total assets (to be completed by all filers – see instructions. Also, see page 1, item I)	58,025.	49,373.	49,373.	
LIABILITIES	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
NET ASSET BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>				
	24	Unrestricted			
	25	Temporarily restricted.			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	58,025.	49,373.		
30	Total net assets or fund balances (see the instructions)	58,025.	49,373.		
31	Total liabilities and net assets/fund balances (see the instructions).	58,025.	49,373.		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 58,025.
2	Enter amount from Part I, line 27a	2 -8,652.
3	Other increases not included in line 2 (itemize) ▶	3
4	Add lines 1, 2, and 3	4 49,373.
5	Decreases not included in line 2 (itemize) ▶	5
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6 49,373.

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 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A			
b			
c			
d			
e			

(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)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss). [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	
3 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 the instructions). If (loss), enter -0- in Part I, line 8]	3	

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.) N/A

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 the 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 (column (b) divided by column (c))
2008			
2007			
2006			
2005			
2004			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

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 the instructions)

1 a 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 instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here. <input type="checkbox"/> and enter 1% of Part I, line 27b		1	1.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	1.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1.
6 Credits/Payments:			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations – tax withheld at source.	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld.	6d		
7 Total credits and payments. Add lines 6a through 6d		7	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	1.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax. Refunded		11	

Part VII-A Statements Regarding Activities

	Yes	No
1 a 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		X
<i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ 0. (2) On foundation managers \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities.</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes.</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T.</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) N/A		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

Part VII-A Statements Regarding Activities Continued

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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	X	
14	The books are in care of ▶ BEATRICE HURTADO Telephone no. ▶ 505-387-2260 Located at ▶ P.O. BOX 158 HOLMAN NM ZIP + 4 ▶ 87723-0158			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A			

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

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <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? (Exception. 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	If any answer is 'Yes' to 1a(1)-(6), did any 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 the instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years ▶ 20__ , 20__ , 20__ , 20__ .		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect 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 the instructions.)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20__ , 20__ , 20__ , 20__ .		
3a	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	If 'Yes,' did it have excess business holdings in 2009 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 2009.)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

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

5a 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))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes 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? Yes No

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)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here

c 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? Yes No
 If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If 'Yes' to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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 STATEMENT 3		1,040.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(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				

Total number of other employees paid over \$50,000 Yes No 0

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		0

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
1 GRANTED EDUCATIONAL SCHOLARSHIPS TO 52 YOUNG PEOPLE FOR POST SECONDARY EDUCATION.	79,600.
2 -----	
3 -----	
4 -----	

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	
1 N/A		
2 -----		
All other program-related investments. See instructions.		
3 -----		
Total. Add lines 1 through 3		0.

BAA

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	25,699.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	25,699.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	25,699.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	385.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	25,314.
6	Minimum investment return. Enter 5% of line 5	6	1,266.

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.)

1	Minimum investment return from Part X, line 6	1	1,266.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1.
b	Income tax for 2009. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,265.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,265.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,265.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	79,600.
b	Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	79,600.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	79,600.

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 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				1,265.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0.	
b Total for prior years: 20 ____, 20 ____, 20 ____		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ <u>79,600.</u>				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2009 distributable amount				1,265.
e Remaining amount distributed out of corpus	78,335.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	78,335.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	78,335.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

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

	Tax year		Prior 3 years		(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization 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).)
 NONE

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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:
 SEE STATEMENT 4

b The form in which applications should be submitted and information and materials they should include:
 SEE STATEMENT FOR LINE 2A

c Any submission deadlines:
 SEE STATEMENT FOR LINE 2A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 SEE STATEMENT FOR LINE 2A

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year SCHEDULE ATTACHED - 52 GRANTS	NONE	NONE	SCHOLARSHIP GRANTS FOR YOUNG PEOPLE FOR EDUCATIONAL OPPORTUNITIES THEY OTHERWISE WOULD NOT HAVE.	79,600.
Total			▶ 3a	79,600.
b Approved for future payment SCHEDULE ATTACHED - 43 GRANTS	NONE	NONE	SAME AS ABOVE	46,050.
Total			▶ 3b	46,050.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization

VILES FOUNDATION, INC.

Employer identification number

85-6011506

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year... ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

VILES FOUNDATION, INC.

85-6011506

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MATIE R VILES CHARITABLE TRUST P.O. BOX 26900 ALBUQUERQUE, NM 87125-6900	\$ 74,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization VILES FOUNDATION, INC.	Employer identification number 85-6011506
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once – see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

CLIENT 99010

VILES FOUNDATION, INC.

85-6011506

4/28/10

11:08AM

**STATEMENT 1
FORM 990-PF, PART I, LINE 16B
ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX PREPARATION	\$ 582.			
TOTAL	\$ 582.	\$ 0.	\$ 0.	\$ 0.

**STATEMENT 2
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BOX RENTAL	\$ 70.			
FEES	11.			
POSTAGE	132.			
SPECIAL EVENT EXPENSES	1,101.			
SUPPLIES	420.			
TOTAL	\$ 1,734.	\$ 0.	\$ 0.	\$ 0.

**STATEMENT 3
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DR. CLARENCE SANCHEZ 542-A GABALDON RT. LAS VEGAS, NM 87701	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
MS. ELEANOR WALD 3000 MACKLAND NE ALBUQUERQUE, NM	DIRECTOR 0		0.	0.
MS. LOUELLA MARR-MONTOYA 786 DORA CELESTE DR. LAS VEGAS, NM 87701	PRESIDENT 0		0.	0.
MS. BEATRICE HURTADO P.O. BOX 158 HOLMAN, NM 87723	TREASURER 0	1,040.	0.	0.
MERIDETH HMURA 3000 MACKLAND AVE. N.E. ALBUQUERQUE, NM 87106	SECRETARY 0		0.	0.

CLIENT 99010

VILES FOUNDATION, INC.

85-6011506

4/28/10

11:08AM

STATEMENT 3 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
HUIE LEY PO BOX 12 TERERRO, NM 87573	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
MS. ROBIN CARLSON HC 33 BOX 75 LAS VEGAS, NM 87701	VICE PRESIDENT 0	0.	0.	0.
	TOTAL	\$ 1,040.	\$ 0.	\$ 0.

STATEMENT 4
FORM 990-PF, PART XV, LINE 2A-D
APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM: VILES FOUNDATION, INC.
NAME: VILES FOUNDATION, INC.
CARE OF:
STREET ADDRESS: PO BOX 1117
CITY, STATE, ZIP CODE: LAS VEGAS, NM 87701
TELEPHONE:
FORM AND CONTENT: ATTACHED
SUBMISSION DEADLINES: APRIL 17, 2009 FOR FALL OF 2010
RESTRICTIONS ON AWARDS:

Viles Foundation Inc.
Summary of Administrative Expenses
January 1, 2009 Through December 31, 2009

Compensation to Officers:		\$0.00
Accounting:	William Tuttle	\$581.51
	(Preparation of Form 990-PF)	\$581.51
Clerical:		\$1,040.00
Excise Tax		\$1,040.00
Travel:		\$0.00
Other Expenses.		
	Box Rental	\$70.00
	Fees:	\$70.00
	Corporate Commission	\$10.00
	Legal Notice	\$0.00
	US Treasury	<u>\$1.00</u>
		\$11.00
	Supplies/Misc.	
	Office	\$419.62
	Postage	\$132.00
	Printing	\$0.00
	Telephone	\$0.00
	50th Anniversary	\$60.00
	Meals/catering	\$977.00
	Memorial	<u>\$64.61</u>
		\$1,653.23
	 GRAND TOTAL:	 \$3,355.74

Viles Foundation Inc.
Average Cash Balance
For The Year Ending December 31, 2009
Bank of Las Vegas Account 70-0435-4
(Revised 2/2010 per Merideth Hmura)

Date	1/1/09 & 12/31/09 Begin month	1/30/09 Thru 12/31/09 End month
30-Jan-09 January	\$58,025.15	\$39,789.33
27-Feb-09 February	\$39,789.33	\$30,154.76
31-Mar-09 March	\$30,154.76	\$30,157.40
30-Apr-09 April	\$30,157.40	\$29,911.60
29-May-09 May	\$29,911.60	\$19,707.70
30-Jun-09 June	\$19,707.70	\$18,238.51
31-Jul-09 July	\$18,238.51	\$18,240.06
31-Aug-09 August	\$18,240.06	\$37,083.89
30-Sep-09 September	\$37,083.89	\$11,135.38
30-Oct-09 October	\$11,135.38	\$10,136.24
30-Nov-09 November	\$10,136.24	\$10,137.10
31-Dec-09 <u>December</u>	<u>\$10,137.10</u>	\$49,373.04
 Totals:	 \$312,717.12	 \$304,065.01
	X 1/12	X 1/12
	<u>\$26,059.76</u>	\$25,338.75
 GRAND TOTAL:		 \$26,059.76
		\$25,338.75
 Average Monthly Bank Statement Balance:		 \$25,699.26

**Viles Foundation Grants 2009-2010
Schedule of Grant Recipients 2009**

Last Name	First Name	Soc Sec Number	Address	City	State	Zip
Abeyta	Eugene	585830301	400 Friedman Ave	Las Vegas	NM	87701
Abeyta	Tiffany	525875142	P O Box 185	Holman	NM	87723
Arguello	Mariah	525917557	1100 Tecolote St	Las Vegas	NM	87701
Baca	Ricardo	525814444	12 Gabaldon Rt	Las Vegas	NM	87701
Baca	Tracy	585917858	P O.Box 3652	Las Vegas	NM	87701
Benavidez	Brittany	585812454	HC 69 Box 14 BBB	Sapello	NM	87745
Bonney	Beverly	585892930	P O Box 952	Mora	NM	87732
Brafford	Bethany	501135726	P O Box 112	Montezuma	NM	87731
Cano	Latisha	631123567	2508 Calle Aldorado	Las Vegas	NM	87701
Chavez	James	585879012	321 South Commerce #4	Las Vegas	NM	87701
Collins	Ariisa	525915657	3006 Rogers	Las Vegas	NM	87701
Cordova	Angelica	525839672	P.O Box 83	Buena Vista	NM	87712
Cordova	Bernadine	585892072	P O.Box 83	Buena Vista	NM	87712
Diaz	Samantha	585818502	P O Box 1342	Las Vegas	NM	87701
Diaz	Wolly	585890175	P.O.Box 1342	Las Vegas	NM	87701
Estrada	Devin	585876259	708 Lincoln St	Las Vegas	NM	87701
Fernandez	Stephanie	585758836	P O Box 93	Cleveland	NM	97715
Gallegos	Angel	585773876	3510 Ning Dr.	Las Vegas	NM	87701
Gallegos	Angelica	525913737	P O Box 1871	Las Vegas	NM	87701
Gallegos	Faith	585851113	825 West Roybal	Las Vegas	NM	87701
Garcia	Alicia	525891357	840 West Roybal Dr	Las Vegas	NM	87701
Garcia	Gabriel	585853238	P O. Box 464	Mora	NM	87732
Gonzales	Amanda	525773250	P O.Box 113	Watrous	NM	87753
Gonzales	Naomi	585915841	512 Friedman	Las Vegas	NM	87701
Gutierrez-Cavazos	Crystal	585617027	324 Bernalillo St	Las Vegas	NM	87701
Jaramillo	Yvonne	585836796	HC 80 Box 212	Las Vegas	NM	87701
Leyba	Antonio	516217073	HCR 72 Box 257	Ribera	NM	87560
Lopez	Felicja	585872788	2209 NM Ave	Las Vegas	NM	87701
Lopez	Milton	585794708	P.O Box 1166	Pecos	NM	87552
Lucero	Gabriel	525825248	2032 East Dr	Las Vegas	NM	87701
Lucero	John	585616720	1102 Romero St	Las Vegas	NM	87701
Ludi	Michael	585831275	P O Box 1465	Las Vegas	NM	87701

**Viles Foundation Grants 2009-2010
Schedule of Grant Recipients 2009**

Last Name	First Name	Soc Sec Number	Address	City	State	Zip
Maes	Caroline	585874786	3507 Ning Dr	Las Vegas	NM	87701
Maestas	Ern	585751750	730 Lori Ln	Las Vegas	NM	87701
Maestas	Ethan	525811773	P O Box 335	Montezuma	NM	87731
Maestas	Jason	525599341	9719 Desert Pine Ave SW	Albuquerque	NM	87121
Martinez	Travis	525791828	P.O. Box 105	Chacon	NM	87713
Montoya	Caroline	585554852	333 Chico Dr Apt D-18	Las Vegas	NM	87701
Montoya	Jennifer	525852986	804 Legion Dr	Las Vegas	NM	87701
Montoya	Miguel	525854949	804 Legion Dr	Las Vegas	NM	87701
Muniz	Christina	585818117	290 Las Dispensas	Sapello	NM	87745
Ortiz	Lee	585816479	P O Box 412	Pecos	NM	87552
Pacheco	Keith	585590767	409 Olivia Rd	Las Vegas	NM	87701
Padilla	Krystal	585759467	414 Sabino St	Las Vegas	NM	87701
Pena	Marro	525832707	P.O. Box 3166	Las Vegas	NM	87701
Quintana	Joelle	585893137	P O Box 1062	Pecos	NM	87552
Quintana	Kristina	525757813	P O Box 396	Pecos	NM	87552
Robinson	Phillip	525796160	HC 67 Box 76	Anton Chico	NM	87711
Romero	Andrea	585915013	RR1 Box 12A	Ocate	NM	87734
Romero	Julieanna	585833454	P.O. Box 372	Las Vegas	NM	87701
Romero	Paul	585534187	1918 7th St.	Las Vegas	NM	87701
Roybal	Carmelita	585772477	P.O. Box 1018	Pecos	NM	87552
Salazar	Candace	525915100	7220 Central South East Apt 2215	Albuquerque	NM	87108
Sanchez	Edward	525870898	1032 2nd St Sp 9 Box 8	Las Vegas	NM	87701
Sanchez	Lisa	525899669	P O Box 802	Las Vegas	NM	87701
Sanchez	Nicole	585776355	HC 80 279A	Las Vegas	NM	87701
Sena	Jolene	585898062	1001 Taos St	Las Vegas	NM	87701
Sena	LA Robert	626320822	414 Valley	Las Vegas	NM	87701
Silva	Victoria	585638255	P.O. Box 706	Las Vegas	NM	87701
Ulibarri	Gerald	585799957	P O Box 39	Serafina	NM	87569
Valdez	Henrietta	525752205	HCR 72 Box 109	Ribera	NM	87560
Valdez	Leo	585616667	P O Box 336	Mora	NM	87732
Vigil	Flavio	525910797	P O Box 23	Holman	NM	87723

Matie R. Viles, Founder

**VILES FOUNDATION, INC.
P.O. Box 1117
Las Vegas, New Mexico 87701**

February 16, 2009

Dear Renewal Applicant

The Viles Foundation is accepting renewal applications for a Viles Foundation Scholarship from qualifying students for the 2009-2010 school year. You are eligible to apply for a renewal scholarship if you are maintaining a 2.0 grade point average or better, and will be enrolled in a full time course of study of at least 12 credit hours per semester. The Board will consider the student's educational commitment and the student's need for the Viles Scholarship.

Applications should be completed and postmarked to the Viles Foundation by April 3, 2009.

Please follow the Renewal Instructions

- 1 Answer all questions completely. Please TYPE your renewal application or request a copy by email from Merideth Hmura at 505-255-4021 or email mhmura@aol.com. Beatrice Hurtado, whom you usually work with is out of town. Merideth will be happy to help you.
- 2 Provide a "current" **Official Transcript** of all work (**DO NOT** wait for posting of Spring semester courses, as the transcript will not be available in time for our meeting).
- 3 Mail the original application along with **7 additional copies** (8 total copies) as soon as possible. The deadline is to be postmarked by **April 3, 2009**.
- 4 Mail your application to

Viles Foundation Inc
P.O. Box 1117
Las Vegas, New Mexico 87701

On behalf of the Board of Directors, I encourage you to apply for renewal of the Viles Foundation Scholarship and wish you success in your educational endeavors. Should you have any questions or if you would like to receive the application as a "Word" document email attachment, please contact Merideth Hmura, Secretary at 505-255-4021 or email mhmura@aol.com.

Sincerely,

LouElla Marr-Montoya, President
Viles Foundation, Inc.

VILES FOUNDATION, INC.

P.O. Box 1117

Las Vegas, New Mexico 87701

REMEMBER TO DO THE F

(Rev 2/09)

RENEWAL APPLICATION

- 1 Did you answer all qu application?
- 2 Did you provide a cur
- 3 Are you mailing your
- 4 Did you sign your apj
- 5 Are you mailing the 8

TYPE or PRINT application, as all responses be legible

An incomplete application will not be considered for a sc Directors has no obligation to return incomplete applicati

Name _____ Social Securit

Address _____ Tele

Number & Street City Zip Code

Mailing Address if different from above: _____

Email address _____ Cell Phone _____

College you last attended: _____ Date

College You Will Attend: _____ Address

Date School Will Begin: _____ (Check One) While attending coll campus _____, off campus _____ My current major field of study is _____

I am officially classified as a _____

Sophomore, Junior, Senior or Graduate) This application is for v

Expected Expenses for School Year:

Tuition \$ _____

Books & Supplies \$ _____

Room & Board \$ _____

Other Expenses \$ _____

Financial Resource

Savings _____

Employment _____

Veterans Benefits _____

Soc Sec. Benefits _____

Other Sources _____

TOTAL \$ _____

TOTAL

My current education goals are: _____

I will finish this educational program on (please give date): _____

Applicant's Signature: _____ Date: _____

I authorize the Viles Board of Directors to access my educational recor the scholarship be determined and my school performance be evaluat enrollment at the college or university I am attending. I also authori awarded the scholarship.

Signature of Scholarship Applicant or Legal guardian if less than eighteen years old

**VILES FOUNDATION, INC.
NEW APPLICATION INSTRUCTIONS**

An incomplete application will not be considered for a scholarship. The Board of Directors has no obligation to return incomplete applications. Please attach to your application the proper documentation or affidavit to establish that you are eligible for this scholarship as an orphan (i.e. Death Certificate, obituary).

- 1 **Answer all questions completely. Type or print** all responses to questions
- 2 **Provide documentation or affidavit of the death of your deceased parent** (death certificate/obituary)
- 3-A Request a current **Official** Transcript of all work completed to date
- 3-B If you are approved for a Viles Scholarship, you will be required to submit an **Official Final Transcript** or a copy of your **Diploma/GED**. Funding will not be issued until all required documents are received (If you are approved for a scholarship, your Award Letter will outline these requirements)
- 4 Attach an 8-1/2" by 11" sheet(s) of paper with the information listed below The Board will judge your potential as a successful recipient on the quality of the material you provide in this section of your application

Please caption your paragraphs according to each topic listed below **This statement must be typewritten.**

PROPOSED FIELD OF STUDY

OCCUPATIONAL GOAL (How do you plan to attain it?)

FAMILY SITUATION (Describe how your family situation affects your need for financial assistance to obtain an education.)

PAST SCHOOL EXPERIENCE (State your grade point average Describe your school experience, including your participation in clubs/organization, extra-curricular activities, and inter-personal relationships with your peers, principal, counselor, and teachers)

WORK EXPERIENCE (Describe any work experience you may have)

Please provide all information requested in a complete, accurate and well thought-out form. Use additional sheets of paper where needed.

5. **Please include with your application a small picture or snapshot of yourself.** This cannot be returned
6. **Request two letters of recommendation** to be included with your application packet One letter should be from your high school principal or counselor and one from a teacher or employer
- 7 **Mail the application, postmarked by April 3, 2009.**
- 8 **Mail the original application/required documents with 7 additional copies (8 total) to:**

Viles Foundation, Inc
P.O. Box 1117
Las Vegas, New Mexico 87701

The Board of Directors wishes you success in all your future endeavors.

VILES FOUNDATION, INC.
P.O. BOX 1117
LAS VEGAS, NEW MEXICO 87701

(Rev 2/09)

NEW APPLICATION FOR THE VILES FOUNDATION SCHOLARSHIP

An incomplete application will not be considered for a scholarship. The Board of Directors has no obligation to return incomplete applications. Please attach to your application the proper documentation or affidavit to establish that you are eligible for this scholarship as an orphan (i.e. Death Certificate or obituary).

Please TYPE or PRINT application, as all responses must be legible.

Name _____ Social Security No. _____

Address _____ Telephone _____ Birth date _____
Number & Street City Zip Code
Mailing Address if different from above _____

Do you have the following? Email: _____ Cell phone _____

Which of your parents is deceased? _____ Number of brothers and sisters: _____
Ages _____ List names of relatives who have received the Viles Scholarship _____

High School you are graduating from. _____

College or University you will attend. _____
(Name)

(Address) _____ (Phone) _____
(Check One) While attending college, I will live: at home _____ on-campus _____ off-campus _____

My current education goals are _____
I will finish this educational program on (please give date) _____

Expected Expenses for School Year:

Financial Resources:

Tuition \$ _____
Books & Supplies \$ _____
Room & Board \$ _____
Other Expenses \$ _____

Savings \$ _____
Employment \$ _____
Veterans Benefits \$ _____
Soc. Sec. Benefits \$ _____
Other Sources \$ _____

TOTAL \$ _____

TOTAL \$ _____

What scholarship amount are you requesting from the Viles Foundation? \$ _____

