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Return of Private Foundation

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

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

OMB No 1545-0052

	<u></u>		10 0010		550 01 0010	
For a	alen	dar year 2010, or tax year beginning MAY	19, 2010	, and ending	DEC 31, 2010	
G C	heck	all that apply X Initial return Amended return	Initial return of a fo Address change		Final return Name change	
Nar	ne of	foundation			A Employer identification	number
		THOMAS A. AND MARY E.	DUGAN FOUND	ATION	27-2892319	
Nun	nber ar	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		709 E. MURRAY DR.			505-325-18	21
City	or to	own, state, and ZIP code	ODIC	INAL	C If exemption application is po	ending, check here
l		FARMINGTON, NM 87401	UNIC	HINAL	D 1. Foreign organizations	, check here
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		 Foreign organizations me check here and attach co 	eting the 85% test, publication
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	E If private foundation stat	us was terminated
I Fa	ır ma	rket value of all assets at end of year J Accounting	ng method X Cash	Accrual	under section 507(b)(1)	(A), check here
(fr	om F	Part II, col. (c), line 16)	her (specify)		F If the foundation is in a 6	60-month termination
_	\$	250,000 • (Part I, colu	mn (d) must be on cash b	pasis)	under section 507(b)(1)	(B), check here 🕨 🔛
Pa	irt l	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 chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	250,000.			
	2	Check fitte (oundation is not required to attach Sch. B Interest on savings and temporary cash investments				······································
	4	Dividends and interest from securities				
	•	Gross rents				H , H ,
		Net rental income or (loss)				
e		Net gain or (loss) from sale of assets not on line 10			1	
Revenue	b	Gross sales price for all assets on line 6a	· · · · · · · · · · · · · · · · · · ·	0.	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
è	7	Capital gain net income (from Part IV, line 2)		V •		
	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
	Ι.	and allowances		<u> </u>	· · · · · · · · · · · · · · · · · · ·	, <u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		Less Cost of goods sold				
		Gross profit or (loss)				· · · · · · · · · · · · · · · · · · ·
	11		250,000.	0.	0.	
		Total. Add lines 1 through 11	0.	0.		0.
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages			-	-
	15	Pension plans, employee benefits				-
ses	1	Legal fees				
sus		Accounting fees				
Expen	ָ ו	Other professional fees				
	17	•				
and Administrative	18		1			
istr	19	Depresation and deptetion				
ᆵ	20	Occupancy Occupancy		-		
Ā	21	Travell conferences, and meetings				
2	22	Occupancy Travel conferences, and meetings Printing and publications		-		
Ġ.		Other expenses				
atin	24	Total operating and administrative				
Operating		expenses. Add lines 13 through 23	0.	0.	. 0.	0.
Õ	25	Contributions, gifts, grants paid	0.			0.
	1	Total expenses and disbursements.				
	-	Add lines 24 and 25	0.	0.	0.	0.
	27	Subtract line 26 from line 12				
		Excess of revenue over expenses and disbursements	250,000.		,,,,	
	1	Net investment income (if negative, enter -0-)		0.		1
	1	Adjusted net income (if negative, enter -0-)			0.	

LHA For Paperwork Reduction Act Notice, see the instructions.

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	250,000.	250,000.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and toans receivable			
		Less allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ď	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			TO
	14	Land, buildings, and equipment basis			
		Less. accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers)	0.	250,000.	250,000.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
				_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31.			
ည	24	Unrestricted			
<u>a</u>	25	Temporarily restricted _			
8	26	Permanently restricted		<u></u>	
Š		Foundations that do not follow SFAS 117, check here			
2		and complete lines 27 through 31		0	
əts	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	• •	
Net Assets or Fund Balance	29	Retained earnings, accumulated income, endowment, or other funds	0.	250,000.	
Ž	30	Total net assets or fund balances	0.	250,000.	
	24	Total lightiffice and not accord found belongs	0.	250,000.	
=	31	Total liabilities and net assets/fund balances		230,000.	<u></u> .
F	art	Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	I 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	0.
2		r amount from Part I, line 27a		2	250,000.
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	250,000.
-		eases not included in line 2 (itemize)	•	5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	olumn (b), line 30	6	250,000.
					Form 990-PF (2010)

Part IV		he kind(s) of property sold (e g		income	(b)	How acc	quired	(c) Date acquired	(d) Date sold
	2-story brick warehouse, or common stock, 200 shs MLC Co)						iase tion	(mo , day, yr)	(mo , day, yr)
1a	11017				 				
<u>b</u>	NONE				┼		-		
d									
е									
(e)	Gross sales price	(f) Depreciation allowed (or allowable)	137	st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus	
a		-							
b									
<u>c</u>									
_ u									·
	ete only for assets showing ga	in in column (h) and owned by	the foundation	on 12/31/69				l) Gains (Col (h) gain	
(i) F N	/IV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			col	(k), but not less that Losses (from col	
a									
<u>b</u>									
<u>C</u>									
d 									
		☐ If gain, also ente	r in Part I. line	7	٦				
2 Capital g	jain net income or (net capital	loss) { If gain, also enter -C)- ın Part I, line	7	•	2			-
lf gain, a	ilso enter in Part I, line 8, colu	s defined in sections 1222(5) ai mn (c)	nd (6)		}				
Part V	enter -0- in Part I, line 8 Qualification Under	er Section 4940(e) for	r Reduced	Tax on Ne	t Inv	/estm	ent Inc	come	
Was the fou	foundation does not qualify u	art blank 4942 tax on the distributable ar nder section 4940(e). Do not co column for each year, see insti	omplete this pa	art					Yes No
Calendar	(a) Base period years year (or tax year beginning in	(b) Adjusted qualifying dis	stributions	Net value of n	(c) (d) Distribution ratio (col (b) divided by col (c))				
	2009								
	2008								- -
	2007 2006								
	2005							· ·	·
2 Total of	line 1, column (d)							2	
-	distribution ratio for the 5-ye idation has been in existence	ar base period - divide the total if less than 5 years	on line 2 by 5,	, or by the numbe	r of y	ears		3	
4 Enterth	e net value of noncharitable-u	se assets for 2010 from Part X	, line 5					4	
5 Multiply line 4 by line 3						5			
6 Enter 19	% of net investment income (1% of Part 1, line 27b) .						6	
7 Add line	es 5 and 6							7	
•	8 Enter qualifying distributions from Part XII, line 4						rata	8	
	Part VI instructions	e 7, check the box in Part VI, lin	e ID, and com	piete that part usi	ing a	1 % (ax I	rate		

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			HOMAS A											<u>-2892</u>			age 4
Par	t VI	Excise Tax	Rased on	Inves	tmer	nt Inc	ome	(Section	4940(a), 4 <u>9</u>	940(b), 4	940(e), or	4948	- see i	nstru	ction	ıs)
		t operating foundat										j					
		ruling or determin															
b	Domest	tic foundations tha	t meet the section	on 4940(e	e) requ	rement	s in Par	t V, check h	ere 🕨 🗀	a	and enter 1%	, }	1	<u> </u>			0.
-	of Part	I, line 27b		-													
C .	All othe	er domestic founda	tions enter 2%	of line 27	b Exen	npt fore	ıgn orga	anızatıons e	nter 4% of	Part I	I, line 12, co	l (b) 丿					
2	Tax und	der section 511 (de	omestic section	4947(a)(1) trust	ts and ta	exable f	oundations	only Other	s ente	er - 0-)		2				0.
		es 1 and 2										••	3_				0.
4	Subtitle	e A (income) tax (d	omestic section	4947(a)((1) trus	ts and t	axable 1	foundations	only Other	rs ent	ter -0-)		4				0.
5	Tax bas	sed on investment	t income . Subtr	act line 4	from li	ne 3 lf :	zero or	less, enter -	0-				5	<u> </u>			0.
6	Credits	/Payments							,								
а	2010 es	stimated tax paymi	ents and 2009 o	verpaym	ent cre	dited to	2010		<u> </u>	6a			4				
b	Exempt	t foreign organizati	ons - tax withhe	eld at sou	rce				<u> </u>	6b			_				
C	Tax pai	d with application	for extension of	time to fi	le (Forr	n 8868))		—	6c			_				
d	Backup	withholding erron	eously withheld	i <u>.</u>						6d			_				_
		redits and payment		-			_						7	ļ			0.
		ny penalty for und) is attache	d			8	ļ			
		e. If the total of line										•	9	 			0.
	•	yment. If line 7 is						mount over	paid			, •	10	ļ			
		he amount of line 1					<u>x</u>					Refunded 	11	<u> </u>			
		-A Stateme	-														
	-	the tax year, did th	ie foundation att	tempt to i	influend	ce any n	ational,	state, or lo	al legislatio	on or	did it partic	pate or interve	ne in			Yes	
	• •	litical campaign?													1a		<u>X</u>
		pend more than \$1		•		-						· · · · · · · · · · · · · · · · · · ·			1b		X
		answer is "Yes" t				-		the activit	ies and co	opies	s of any ma	tenais publisi	ned or				
		uted by the four				e activi	ities.										v
		foundation file Fo		-			4055								10		<u>X</u>
		he amount (if any)										0					
		the foundation											•				
		he reimbursement		O .	iation o	iuring tr	ie year	tor political	expenditure	e tax i	imposea on	Toundation					
	-	ers > \$				•											Х
		e foundation engag	-			-	usiy be	en reported	to tile iko /						2		
		s," attach a detail					o tha ID	C in the new	ornina inat		nt netrolon o	f 1000 0 tro					
		e foundation made s, or other similar in						-	-	IUINE	iiit, articles t	i incorporation	, 01		3		X
	-	e foundation have L							-			• •			4a		X
		has it filed a tax r					JUU UI 1	nore during	tile year				ו	A/N	4b		
		ere a liquidation, to					ontracti	on during th	e vear?				•	.,	5		X
		s," attach the sta	•	-				•	o your						•		 -
		requirements of s	· ·	-					isfied eithe	r							
		inguage in the gov		_				,,		•							
	•	tate legislation that	-		overnir	na instri	ument s	o that no m	andatory di	irectio	ons that con	flict with the st	ate law				
		ain in the governin							,						6	X	
7		foundation have a	-	n assets a	at anv ti	me duri	ına the '	vear?							7	Х	
		s," complete Pan			-		•	,				•					
		he states to which				vhich it i	is regist	ered (see in	structions)	▶.							
h		inswer is "Ves" to h	ne 7 has the fo	undation	furnich	ed a co	ny of Fo	rm QQN-DE	to the Attor	nev f	General for o	lesionate)					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation						8b	х										
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						- 50											
		010 or the taxable	_						-			- 12(1)(0) 101 0	Livilual		9	•	Х
	-	y persons become										d addresses	STM	г 1	10	Х	
<u> </u>		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9		, 11	· · · · · · · · · · · · ·	_ Jonesuic II	Jung t	nanta al		~ ~~	· . _			

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orm 990-PF (2010) THOMAS A. AND MARY E. D			<u>27–28923</u>	19 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect	ıon 4945(e))?	L Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955)	, or to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purpos		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	tion described in section		s X No	
509(a)(1), (2), or (3), or section 4940(d)(2)?			S A NO	
(5) Provide for any purpose other than religious, charitable, scientific, litera	ry, or educational purposes, or 1		s X No	
the prevention of cruelty to children or animals?			S A NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify a section 53 4945 or in a current notice regarding disaster assistance (see ins)		ii negulations	N/A	5ь
Organizations relying on a current notice regarding disaster assistance check			▶	50
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ınad		
expenditure responsibility for the grant?		I/A 🖂 Ye	s 🗆 No	
If "Yes," attach the statement required by Regulations section 53 49		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly,				
a personal benefit contract?	p., p	☐ Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?		ľ	6b X
If "Yes" to 6b, file Form 8870.	•			
7a At any time during the tax year, was the foundation a party to a prohibited ta	x shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attr	ibutable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, True	stees, Foundation Ma	nagers, Highly	<i>'</i>	
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the	ir compensation			
List all Officers, directors, trustees, foundation managers and the	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred	account, other allowances
	to position	enter -u-)	compensation	anowances
	-			
SEE STATEMENT 2		0.	0.	0.
2 Compensation of five highest-paid employees (other than those	included on line 1) If none	enter "NONE "		<u> </u>
	(b) Title, and average	, CAROL HORE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE	devoted to position		compensation	allowances
1101111				
Total number of other employees paid over \$50,000			<u> </u>	0

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Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	11,013.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	11,013.
	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	11,013.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	165.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	10,848.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	337.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	337.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	337.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	_5	337.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	337.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
3		1a	0.
b	·	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (h) in subsequent years when calculating whether the foundation	aualifies for th	a caction

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4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,		10010 pilot to 2000		
line 7				337.
2 Undistributed income, if any, as of the end of 2010	-1	1 111 17 1 1111 dei 		
a Enter amount for 2009 only			0.	
b Total for prior years				
	. Letter to a control of the control	0.		
3 Excess distributions carryover, if any, to 2010		,		
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009	•			
f Total of lines 3a through e	0.	······		
4 Qualifying distributions for 2010 from				
Part XII, line 4 ►\$O .				
a Applied to 2009, but not more than line 2a	- 		0.	rr ***********************************
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •	4		0.
d Applied to 2010 distributable amount	0.			0.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2010 (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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2009 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		44		337.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	0.			
not applied on line 5 or line 7	<u> </u>			
9 Excess distributions carryover to 2011	0.			
Subtract lines 7 and 8 from line 6a	U •			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010		i	<u>. </u>	Form 000 DE (0010)

		ctructions and Dart V		N/A	392319 Page 1
Part XIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for		•	. ▶ ∟_	14040(1/0)	10.10(1)(5)
b Check box to indicate whether the founda		ing foundation described		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 2000	Prior 3 years (c) 2008	(d) 2007	(a) Total
income from Part I or the minimum	(a) 2010	(b) 2009	(6) 2000	(0) 2007	(e) Total
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					İ
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor			if the foundatio	n had \$5,000 or n	nore in assets
at any time during th	ne year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who			ntributions received by th	ie foundation before the c	lose of any tax
year (but only if they have contributed me	ore than \$5,000) (See	section 507(a)(2) }			
THOMAS A. DUGAN					
b List any managers of the foundation who other entity) of which the foundation has			i (or an equally large por	tion of the ownership of a	partnership or
• •	a 1070 of gleater filter				
NONE	- 0	. 0-1			
2 Information Regarding Contribution				المراجعين والمحادية	annada dan birada 14
Check here rf the foundation or the foundation makes gifts, grants, etc. (
	······································		-	complete items za, b, c, a	
a The name, address, and telephone numb CYNTHIA L. SWEETLAND			e addressed		
709 E. MURRAY DRIVE,					
			chould include		
b The form in which applications should be	Submitted and inform	auton and materials they	snould include		
c Any submission deadlines					
d Any restrictions or limitations on awards	such as by geographi	cal areas, charitable field	s, kinds of institutions of	r other factors	
_ /,	, . so as ay googlapiii	, one moto noto	-,eu or medicatione, o		

art XV Supplementary Informa Grants and Contributions Paid During		avment		
Recipient	If recipient is an individual			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor	recipient		····
• ,				
NONE				
Total			▶ 3a	
Approved for future payment				,
NONE				
110112				
Total	I		▶ 3b	

iter gross amounts unless otherwise indicated	Unrelate	d business income		ed by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	- 0000				
ab	_	· · · · · · · · · · · · · · · · · · ·	+ +		
	_ _				···
	l i			_	
	1		1 1		-
ef			1 1		
g Fees and contracts from government agencies			 - 		
Membership dues and assessments					
Interest on savings and temporary cash	****				
investments			1 1		
Dividends and interest from securities					
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal		•			
property					
Other investment income					
Gain or (loss) from sales of assets other		-			
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b					
C					
d					
e					
Subtotal Add columns (b), (d), and (e)		0	•	0.	
Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations				13	(
ne No. Explain below how each activity for which the foundation's exempt purposes (other to	ıncome is reported i	n column (e) of Part XVI	-A contrib	uted importantly to the accon	nplishment of
	· · · · · · · · · · · · · · · · · · ·				
					
		·			

023621 12-07-10

Form 990-PF (2		S A. AND MARY	E. DUGAN FOUN	DATTON	27-2892	<u>319</u> p	age 13
Part XVII	Information Re Exempt Organ	egarding Transfers To izations	and Transactions a	nd Relationship	s With Nonchari	table	
1 Did the org	ganization directly or indi	rectly engage in any of the follow	wing with any other organizatio	n described in section 5	601(c) of	Yes	No
the Code (other than section 501(c))(3) organizations) or in section	527, relating to political organi	ızatıons?			
a Transfers	from the reporting found:	ation to a noncharitable exempt	organization of				1
(1) Cash						1a(1)	<u> X</u>
(2) Other						1a(2)	X
b Other trans	sactions						1
• •	of assets to a noncharita	• •			i	1b(1)	<u> X</u>
• •		ncharitable exempt organization	1			1b(2)	X
• •	il of facilities, equipment,				·	1b(3)	X
	bursement arrangements	•				1b(4)	X
• •	s or loan guarantees					1b(5)	X
		embership or fundraising solicita				1b(6)	X
-		uling lists, other assets, or paid				10	<u> </u>
	•	"Yes," complete the following so	• •	•			
	• • •	oundation of the foundation rec other assets, or services receive		e in any transaction or	snamiy arrangement, sin	JW III	
	(b) Amount involved	,	able exempt organization	(d) December of the	ansfers, transactions, and sh	2000 2000	
(a) Line no	(b) Amount involved	N/A		(a) Description of the	ansiers, transactions, and sin	aring arrangen	
		11/2	1				
	·	·	 				

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-							
-							
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	a 18						
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	•						
		· · · · · · · · · · · · · · · · · · ·					
ın section	•	ctly affiliated with, or related to, or er than section 501(c)(3)) or in s nedule	• •	zations described		Yes 🖸	X No
	(a) Name of org	ganization	(b) Type of organization	(c)	Description of relationshi	<u> </u>	
	N/A						
	complete Destaration of prep	re that I have examined this return, incarer (other than taxpayer or fituiciary)	is based on all information of which	preparer has any knowledge		f, it is true, cor	rect,
	Signature of officer or tr		J Date 's signature	Title	eck X if PTIN		
Paid	Print/Type preparer's n	ers melton ful	u hogus Multon	l /	f- employed		
Preparer Use Only	Firm's name RIT		, LLC CPF	F	Firm's EIN ▶ 85-0474731		
		. O. BOX 1836					
	RC	OSWELL, NM 8820	02-1836	Р		<u>22–850</u>	
					Forr	n 990-PF	(2010)

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

Employer identification number

Name of the organization 27-2892319 THOMAS A. AND MARY E. DUGAN FOUNDATION Organization type (check one): Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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) and 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.

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 its 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).

religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

Employer identification number

THOMAS A. AND MARY E. DUGAN FOUNDATION

27-2892319

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THOMAS A. DUGAN P.O. BOX 234 FARMINGTON, NM 87499	<u>\$</u> 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

THOMAS A. AND MARY E. DUGAN FOUNDATION

27-2892319

(a)		(1)	
	(b)	(c) FMV (or estimate)	(d)
	Description of noncash property given	(see instructions)	Date received
Part I		(See instructions)	<u> </u>
-			
		\$	
(a)	(b)	(c)	(d)
	رس Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
-		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		(see instructions)	
-		\$	
(a) No.	(b)	(c)	(d)
(a) No. from Part I (a) No. from Part I (a) No. from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
-			
-		\$	
		(c)	
	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
No. from Part I (a) No. from Part I	Description of noncash property given	(see instructions)	Date received
-			
-	· · · · · · · · · · · · · · · · · · ·	\$	
		(c)	
1	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
	Description of noncasti property given	(see instructions)	Date received
-		\$Schedule B (Form!	

Employer identification number

<u>OMAS</u>	A. AND MARY E. DUGAN	FOUNDA'I' I ON	27–2892319				
rt III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year (Enter this info	e columns (a) through (e) and the ous, charitable, etc., contributions	on 501(c)(7), (8), or (10) organizations aggregating of following line entry. For organizations completing of \$\infty\$ \$				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ -							
-		(e) Transfer of gif					
	Transferee's name, address, a		Relationship of transferor to transferee				
-							
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
ert I	(4), aspect of gate						
_ :							
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
-							
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	The state of the s				
	Transferee's name, address, a		Relationship of transferor to transferee				
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				

FORM 990-PF LIST O	STATEMENT			
NAME OF CONTRIBUTOR	ADDRESS			
THOMAS A. DUGAN	P.O. BOX 234 FARMINGTON, N	м 87499		
	- LIST OF OFFICERS, D S AND FOUNDATION MANA		STAT	EMENT 2
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
THOMAS A. DUGAN P.O. BOX 234 FARMINGTON, NM 87499	PRESIDENT/DIRE	CTOR 0.	0.	0.
SHERMAN E. DUGAN P.O. BOX 207 FARMINGTON, NM 87499	VICE PRES/DIRE 0.00	CTOR 0.	0.	0.
CYNTHIA SWEETLAND 2301 CAMINO RIO FARMINGTON, NM 87401	SECRETARY/DIRE 0.00	CTOR 0.	0.	0.
CARL E. MATTHEWS 5500 FAIRWAY DRIVE FARMINGTON, NM 87402	DIRECTOR 0.00	0.	0.	0.
JIM L. JACOBS 3505 CRESCENT AVE. FARMINGTON, NM 87401	DIRECTOR 0.00	0.	0.	0.
RAY PETERSON P.O. BOX 10 BLANKET , TX 76432	DIRECTOR 0.00	0.	0.	0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		>	X
If you a	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of this	form).		
Do not c	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fil	led For	m 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time to	o file (6	months for a corpo	oration
required	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file F	orm 88	68 to request an ex	xtension
•	ofile any of the forms listed in Part I or Part II with the exc		<u>. </u>		•	
	Benefit Contracts, which must be sent to the IRS in pap	•				
	v.irs gov/efile and click on e-file for Charities & Nonprofits		(
Part I	Automatic 3-Month Extension of Time		bmit original (no copies needed).			
	ation required to file Form 990-T and requesting an autor		· · · · · · · · · · · · · · · · · · ·	nlete		
Part I onl		nano o me	man extension check the box and con	.p.o.o	•	
All other	, corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
Type or Name of exempt organization				Employer identification number		
print	THOMAS A. AND MARY E. DUGAN	N FOUI	NDATION	27-2892319		
File by the due date for filing your	Number, street, and room or suite no If a P.O. box, s			•		
return See instructions	709 E. MURRAY DR. City, town or post office, state, and ZIP code. For a foreign address, see instructions. FARMINGTON, NM 87401					
	THURSDAY MI 0,101					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990	1	02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990		04				10
	0-T (sec. 401(a) or 408(a) trust)	05 Form 6069				11
	0-T (trust other than above)	06	Form 8870		 .	12
10111100	CYNTHIA SWEETLA		1 0 111 0010			<u>, , , , , , , , , , , , , , , , , , , </u>
• The h	ooks are in the care of > 709 E. MURRAY		- FARMINGTON, NM 87	401	-6649	
	hone No. ► 505-325-1821		FAX No. ▶			
-	organization does not have an office or place of business	s in the Ur				. 🖂
	is for a Group Return, enter the organization's four digit			ıs is fo	r the whole aroup. a	check this
	If it is for part of the group, check this box	_				
	equest an automatic 3-month (6 months for a corporation					
			ition return for the organization named a		The extension	
ıs t	for the organization's return for:					
.						
•		. ап	nd ending DEC 31, 2010		_	
•					_ `	
2 If t	he tax year entered in line 1 is for less than 12 months, o	check reas	on: X Initial return Fina	al retur	n	
	Change in accounting period				•	
3a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	l		
no	nrefundable credits. See instructions.			3a	\$	0.
b If t	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	timated tax payments made. Include any prior year over			3ь	\$	0.
_	lance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).	•	•	3c	\$	0.
-	. If you are going to make an electronic fund withdrawal		orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	tructions.
LHA I	For Paperwork Reduction Act Notice, see Instructions	s.			Form 8868 (R	ev. 1·2011)

023841 01-03-11

Form **-8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

~ 16	Skar far as Automatic 2 Month Extension, comple	to only Do	et I and shock this box		_	X	
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). 							
•	mplete Part II unless you have already been granted a				m 8868		
	c filing (e-file). You can electronically file Form 8868 if					orotion.	
	o file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in par		(see instructions). For more details on ti	ne elec	tronic illing of this i	orm,	
	irs.gov/efile and click on e-file for Charities & Nonprofits		been amaraal (aa aasaa aasadad)				
Part I	Automatic 3-Month Extension of Time						
•	tion required to file Form 990-T and requesting an auto	matic 6-mc	onth extension - check this box and con	piete	_		
Part I only		#O				<u></u>	
	orporations (including 1120-C filers), partnerships, REN me tax returns.	iiCs, and ti	rusts must use Form 7004 to request ar	ı exten	sion of time		
				[E1			
Type or	Name of exempt organization	$\supset \subset$		Employer identification number			
print					27-2892319		
File by the	THOMAS A. AND MARY E. DUG	~, \ \	PARTON		1-2032313		
due date for	Number, street, and room or suite no. If a P.O. box, s	see instr oc	tion s.				
filing your return See	709 E. MURRAY DR.						
instructions	City, town or post office, state, and ZIP code. For a f	oreign add	iress, see instructions.				
	FARMINGTON, NM 87401		· · · · · · · · · · · · · · · · · · ·			 .	
						$\bigcap A$	
Enter the I	Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4	
		Т	I			T	
Application	on	Return	Application			Return	
ls For		Code	ls For		Code		
Form 990		01	Form 990-T (corporation)			07	
Form 990-	BL	02	Form 1041-A			08	
Form 990-EZ		03	Form 4720		09		
Form 990-		04	Form 5227			10	
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-	T (trust other than above)	06	Form 8870			12	
			RPORATION - CYNTHIA				
The bo	oks are in the care of ▶ 709 E. MURRAY	DRIVE	- FARMINGTON, NM 87	401	-6649		
Telepho	one No. ► 505-325-1821		FAX No. 🕨				
• If the o	rganization does not have an office or place of busines	s in the Ur	nited States, check this box				
If this is	for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	ıs ıs fo	r the whole group, o	heck this	
box ▶ [. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension is	for.	
1 I rec	uest an automatic 3-month (6 months for a corporation	n required	to file Form 990-T) extension of time un	tıl			
	AUGUST 15, 2011 , to file the exemp	ot organiza	tion return for the organization named a	above.	The extension		
ıs fo	r the organization's return for:						
▶[X calendar year 2010 or						
▶[tax year beginning	, an	d ending				
2 If the	e tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fina	al retur	n		
	Change in accounting period						
	, on the same of						
3a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any				
nonrefundable credits. See instructions.					\$	0.	
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
	nated tax payments made. Include any prior year over			3ь	\$	0.	
	nce due. Subtract line 3b from line 3a. Include your pa			 			
	sing EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.	
	f you are going to make an electronic fund withdrawal						
	r Panaryork Reduction Act Notice, see Instruction		CATA COOC, GOOT CATA OF CO-EO AND FORM	. 557 3	Form 8868 (R		