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Form 990-PF

Department of the Treasury

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

reated as a Private Foundation

OMB No 1545-0052

| | | nue Service Note. The foundation may be able | | n to satisfy state | e reporting i | equirements | - |
|----------------------------------|-----------------|---|------------------------------|---|---|--|--|
| _ | | | and ending | | | | |
| G | Check a | | turn of a former public o | | | Final return | |
| | | | ress change | Name o | | | |
| N | ame of fo | undation | | | | oyer identification numb -0466070 | er |
| | | OT W HANTIMON FOINDAUTON | | - | | | |
| _ | | RT W. HAMILTON FOUNDATION | . T_ | | _ | hone number (see page 10 | of the instructions) |
| _ | | d street (or P O box number if mail is not delivered to street address | Ro | om/suite | | 5-437-5573 | · · · · • |
| | | BOX 898 | | | | mption application is pendi | . = |
| | | n, state, and ZIP code DGORDO NM 88311 | | | | reign organizations, check | _ |
| | _ | | f | | | reign organizations meetin | |
| H | | ype of organization X Section 501(c)(3) exempt private | | | | | · |
| Щ. | | | e private foundation | | • | ate foundation status was t in 507(b)(1)(A), check here | _ i i |
| | | ket value of all assets at J Accounting method | X Cash Acc | uai | | | _ |
| | | ear (from Part II, col (c), S Other (specify) (Part I, column (d) must be | b \ | | | foundation is in a 60-month section 507(b)(1)(B), chec | _ 1 1 |
| **** | ne 16) • | | | | | 1 | |
| Ŧ | WILL ! | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal | (a) Revenue and expenses per | (b) Net inve | estment | (c) Adjusted net | (d) Disbursements for charitable |
| | | the amounts in column (a) (see page 11 of the instructions)) | books | incon | ne | income | purposes |
| | 14 | | ule) 58,000 | | | | (cash basis only) |
| | 1 2 | Check tf the foundation is not required to attach | | | | | |
| | 3 | Check ◆ if the foundation is not required to attach Interest on savings and temporary cash investments | 3,946 | | 3,946 | 3,946 | |
| | 4 | Dividends and interest from securities | 11,516 | 1 | 1,516 | 11,516 | |
| | 5a | Gross rents | 11,510 | | 1,510 | 11,510 | |
| | | Net rental income or (loss) | | | | | |
| Ē | 6a | Net gain or (loss) from sale of assets not on line 10 | | | ******* | | |
| Revenue | b | Gross sales price for all assets on line 6a | | ····· | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | *************************************** | 0 | | |
| | 8 | Net short-term capital gain | | | | 0 | |
| | - 9 | Income modifications | | | *************************************** | | |
| | \$10a | Gross sales less returns & allowances | | | | | |
| • | C1.00 | Less Cost of goods sold | | | | | ····· |
| | | Gross profit or (loss) (attach schedule) | | | | | |
| | 7 | Other income (attach schedule) STMT 1 | <u>1</u> 07,665 | 10 | 0,829 | 107,665 | *************************************** |
| | 12 | Total. Add lines 1 through 11 | 181,127 | | 6,291 | 123,127 | |
| ~ | -1 44 | Compensation of officers, directors, trustees etc EIV | EU O | | , | · · · · · · · · · · · · · · · · · · · | |
| enses | 14 | Other employee salanes and wages | 781 | | | | |
| Ž. | 15 | | 2011 | | | | |
| ğ | 7 16a | Pension plans, employee benefits Legal fees (attach schedule) | | | | _ | |
| Operating and Administrative Exp | 5 ь | Accounting fees (attach schedule) | | | | | |
| <u>×</u> | ∂ с | Accounting fees (attach schedule) Other professional fees (attach schedule) OGDEN Interest | 1,0, | | | | |
| rat | 17 | Interest | | | | | |
| ist | 18 | Taxes (attach schedule) (see page 14 of the instr Satist) 2 | 20 | | | | |
| Ë | 19 | Depreciation (attach schedule) and depletion | | | | | |
| þ | 20 | Occupancy | | | | | |
| ٧ | 21 | Travel, conferences, and meetings | | | | | |
| Ĕ | 22 | Printing and publications | | | | | |
| <u> </u> | 23 | Other expenses (att sch) STMT 3 | 23,235 | | | | |
| itin | 24 | Total operating and administrative expenses. | | | | | |
| era | | Add lines 13 through 23 | 23,255 | | 0 | 0 | 0 |
| ă | 25 | Contributions, gifts, grants paid | 40,000 | | | | 40,000 |
| _ | 26 | Total expenses and disbursements. Add lines 24 a | nd 25 63,255 | | 0 | 0 | 40,000 |
| | 27 | Subtract line 26 from line 12 | | | | | |
| | а | Excess of revenue over expenses and disburseme | nts 117,872 | | | | |
| | b | Net investment income (if negative, enter -0-) | | 11 | 6,291 | | |
| | С | Adjusted net income (if negative, enter -0-) | | | | 123,127 | |

DAA

| 1 | Part I | Palance Chaota Attached schedules and amounts in the description column | Beginning of year | End of | year |
|--------------------------|--------|--|-------------------|----------------|---|
| _ | rart i | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | | | |
| - | 2 | Savings and temporary cash investments | 270,134 | 652,899 | |
| - { | 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 page 15 of the | | | |
| | | instructions) | | | |
| l | 7 | Other notes and loans receivable (att. schedule) | | | _ |
| | | Less allowance for doubtful accounts ◆ 0 | | | |
| ध | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | · | |
| As | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) SEE STMT 4 | 434,000 | 434,000 | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ♦ 527,000 | , | " | 7 |
| | | Less accumulated depreciation (attach sch STMT 5 | 527,000 | 527,000 | |
| | 12 | Investments—mortgage loans | | | |
| ŀ | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach sch) | | | |
| | 15 | Other assets (describe ◆ SEE STATEMENT 6) | 289,654 | 24,761 | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | instructions Also, see page 1, item I) | 1,520,788 | 1,638,660 | 0 |
| 7 | 17 | Accounts payable and accrued expenses | | | |
| S | 18 | Grants payable | | | |
| : | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ia | 21 | Mortgages and other notes payable (attach schedule) | | | |
| - | 22 | Other liabilities (describe ♦) | | | |
| 4 | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| | | Foundations that follow SFAS 117, check here | | | |
| es | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| S | 24 | Unrestricted | 1,520,788 | 1,638,660 | |
| ala | 25 | Temporarily restricted | | | |
| 9 | 26 | Permanently restricted | | | |
| Net Assets or Fund Balan | | Foundations that do not follow SFAS 117, check here ◆ | | | |
| 듸 | | and complete lines 27 through 31. | | | |
| ō | 27 | Capital stock, trust principal, or current funds | | | |
| şį | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| SS | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ۲ | 30 | Total net assets or fund balances (see page 17 of the | 1 500 700 | 1 620 660 | |
| 흿 | | instructions) | 1,520,788 | 1,638,660 | |
| - | 31 | Total liabilities and net assets/fund balances (see page 17 | 1 500 700 | 1 630 660 | |
| ۲ | Dort t | of the instructions) | 1,520,788 | 1,638,660 | |
| | Part I | Analysis of Changes in Net Assets or Fund Balances net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a | agree with | <u> </u> | |
| 1 | | net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a of-year figure reported on pnor year's return) | igice will | 1 | 1,520,788 |
| 2 | | amount from Part I, line 27a | | 2 | 117,872 |
| | | r increases not included in line 2 (itemize) | | 3 | 111,012 |
| | | ines 1, 2, and 3 | | 4 | 1,638,660 |
| 5 | | eases not included in line 2 (itemize) ◆ | | 5 | |
| 6 | | net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), | line 30 | 6 | 1,638,660 |
| _ | | (b), | | | Form 990-PF (2010) |

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

7

R

1,163

40,000

Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

| Form | 1990-PF (2010) ROBERT W. HAMILTON FOUNDATION 85-0466070 | | | P | age 4 |
|-------------|--|-------------|-----------|-----------|-------------|
| Pa | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructi | ions) | | | |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ◆ and enter "N/A" on line 1 | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary—see instructions) | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | 1, | 163 |
| | here ◆ X and enter 1% of Part I, line 27b | | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of | | | | |
| | Part I, line 12, col (b) | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | | 0 |
| 3 | Add lines 1 and 2 | | | <u>1,</u> | <u> 163</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | 1, | 163 |
| 6 | Credits/Payments | | | | |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 1,040 | | | | |
| b | Exempt foreign organizations—tax withheld at source | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | | | |
| d | Backup withholding erroneously withheld 6d 10,083 | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | | 11, | 123 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here 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 | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | 960 |
| <u> 11 </u> | Enter the amount of line 10 to be Credited to 2011 estimated tax ◆ 1,200 Refunded ◆ 11 | | | 8, | 760 |
| | art VII-A Statements Regarding Activities | | | | ī |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | - | | Yes | No |
| | participate or intervene in any political campaign? | | <u>1a</u> | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | | | 7. |
| | of the instructions for definition)? | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | |
| | published or distributed by the foundation in connection with the activities | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | 1c | | Х |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | |
| _ | (1) On the foundation ◆ \$ (2) On foundation managers ◆ \$ | | | | |
| 0 | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | |
| 2 | on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? | | _ | | х |
| 2 | If "Yes," attach a detailed description of the activities | F | 2 | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | | |
| • | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| b | | I/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | `′ | 5 | | X |
| • | If "Yes," attach the statement required by General Instruction T | ŀ | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | |
| • | By language in the governing instrument, or | ļ | | | |
| | 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? | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | Ī | | | |
| | instructions) ♦ NONE | | | | |
| 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 | x | 1 |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | ľ | ···· | | |
| | 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page | | | | |
| | 27)? If "Yes," complete Part XIV | ł | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | Ī | | | |
| | names and addresses | | 10 | | X |
| | | | | | |

| orm | 1990-PF (2010) ROBERT W. H | AMILTON FOUNDATION | <u>85-0</u> | 466070 | | | Page 6 |
|----------|--|--|------------------------------------|--------------------|---|-------------|--------------------------------|
| Pa | ert VII-B Statements Regard | ing Activities for Which Forn | n 4720 May Be Re | quired (contir | nued) | | |
| ia | During the year did the foundation pay of | r incur any amount to | | | | | |
| | (1) Carry on propaganda, or otherwise | attempt to influence legislation (section | 4945(e))? | _ Y | es 🗓 No | | |
| | (2) Influence the outcome of any specif | ic public election (see section 4955), or | r to carry on, | | | | |
| | directly or indirectly, any voter regis | tration drive? | | Y | es 🗓 No | | |
| | (3) Provide a grant to an individual for t | ravel, study, or other similar purposes? | • | _ Y | es 🗓 No | | |
| | (4) Provide a grant to an organization of | ther than a charitable, etc , organizatio | n described in | | | | |
| | section 509(a)(1), (2), or (3), or sect | tion 4940(d)(2)? (see page 22 of the ins | structions) | Y | es 🗓 No | | |
| | (5) Provide for any purpose other than | religious, charitable, scientific, literary, | or educational | | | | |
| | purposes, or for the prevention of cr | uelty to children or animals? | | Y | es X No | | |
| b | If any answer is "Yes" to 5a(1)-(5), did a | iny of the transactions fail to qualify un | der the exceptions desc | cribed in | _ | | |
| | Regulations section 53 4945 or in a curr | ent notice regarding disaster assistanc | e (see page 22 of the in | nstructions)? | N/A | 5b | |
| | Organizations relying on a current notice | e regarding disaster assistance check l | nere | | ◆ 📙 | | |
| C | If the answer is "Yes" to question 5a(4), | does the foundation claim exemption f | rom the tax | | | | |
| | because it maintained expenditure response | onsibility for the grant? | | N/A 🗌 Y | es No | | |
| | If "Yes," attach the statement required b | y Regulations section 53 4945-5(d) | | | | | |
| ба | Did the foundation, during the year, rece | eive any funds, directly or indirectly, to j | pay premiums | | | | |
| | on a personal benefit contract? | | | Y | es X No | | |
| b | Did the foundation, during the year, pay | premiums, directly or indirectly, on a p | ersonal benefit contract | 2 | | 6b | <u> </u> |
| | If "Yes" to 6b, file Form 8870 | | | | | | |
| 7a | At any time during the tax year, was the | foundation a party to a prohibited tax s | helter transaction? | Y | es X No | | |
| b | If Yes, did the foundation receive any pr | oceeds or have any net income attribu | table to the transaction? | > | N/A | 7b | |
| P | art VIII Information About O | fficers, Directors, Trustees, F | oundation Manag | jers, Highly Pa | id Employees | i, | |
| | and Contractors | | | | | | |
| <u> </u> | ist all officers, directors, trustees, fou | ndation managers and their comper | sation (see page 22 o | f the instructions |). | | |
| | | | (b) Title, and averag | e (c) Compensation | (d) Contributions to | | |
| | (a) Name an | d address | hours per week devoted to position | (If not paid, ente | r employee benefit plans and deferre | | cense account, r allowances |
| | | | devoted to position | <u> </u> | compensation | <u> </u> | |
| RC | DBERT HAMILTON | ALAMOGORDO | PRES/DIRECTR | | | | |
| 16 | 514 LA LUZ PLACE | NM 88310 | 5.00 | 0 | 0 | <u> </u> | 0 |
| MA | ARION LEDFORD | ALAMOGORDO | VPRES/DIRCTR | | | | |
| PC | BOX 898 | NM 88311 | 5.00 | 0 | 0 | <u> </u> | 0 |
| MI | LES LEDGERWOOD | ALAMOGORDO | SEC/DIRECTOR | 1 | | | |
| 50 | 00 10TH STREET | NM 88310 | 5.00 | 0 | 0 | | 0 |
| JA | MES ANDERSON | ALAMOGORDO | TREAS/DIRCTR | | | | |
| 71 | .0 MARYLAND | NM 88310 | 5.00 | 0 | 0 | | 0 |
| 2 | | nployees (other than those included | l on line 1 — see page | 23 of the instruc | tions). | | |
| | If none, enter "NONE." | | | | | | |
| | | | (b) Title, and average | | (d) Contributions to employee benefit | 1 | pense account |
| | (a) Name and address of each emp | loyee paid more than \$50,000 | hours per week devoted to positio | (c) Compensation | plans and deferre | | r allowances |
| | | | | | compensation | | |
| NC | ONE | | - 1 | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | 1 | |
| | | | | l | | Щ. | |
| ota | I number of other employees paid over \$5 | 50,000 | | | | | 0 |
| | | | | | For | m 990 | PF (2010) |

| Form 990-PF (20 | 10) ROBERT W. HAMILTON FOUNDATION | 85-0466070 | Page 7 |
|---|---|--|------------------|
| Part VIII | Information About Officers, Directors, Trustees, Founda and Contractors (continued) | ition Managers, Highly Paid Emp | oloyees, |
| 3 Five highe | est-paid independent contractors for professional services (see page 23 | of the instructions). If none, enter "NO | NE." |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | | |
| _ | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <u></u> | | | |
| Total number of | others receiving over \$50,000 for professional services | | ♦ |
| Part IX-A | Summary of Direct Charitable Activities | | |
| | n's four largest direct charitable activities during the tax year. Include relevant statistical is other beneficiaries served, conferences convened, research papers produced, etc. | nformation such as the number of | Expenses |
| 1 N/A | | | |
| | | | |
| 2 | | | |
| _ | | | |
| | | | |
| 3 | | | |
| | | | |
| 4 | | | |
| | | | |
| Part IX-B | Summany of Program Polated Investments (see page | 24 of the instructions) | |
| *************************************** | Summary of Program-Related Investments (see page largest program-related investments made by the foundation during the tax year on lines | | Amount |
| 1 N/A | | | Amount |
| | | | |
| | | | |
| 2 | | | |
| | | | |
| All other program | -related investments See page 24 of the instructions | | |
| 3 | | | |
| | | | |

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Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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38,837

5

6

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

| Рa | rt XIII Undistributed Income | (see page 26 of t | he instructions) | | | |
|--------|---|-------------------|---|---|----------|---------|
| | • | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2010 from Part XI, | | Corpus | Years prior to 2009 | 2009 | 2010 |
| | line 7 | | | | | 0 |
| 2 | Undistributed income, if any, as of the end | of 2010 | | | | |
| a | Enter amount for 2009 only | 0, 20,10 | | | | i |
| | • | 20 | *************************************** | | | |
| | Total for prior years 20, 20 | | | | | |
| 3 | Excess distributions carryover, if any, to 20 | | | | | |
| a | F | 41,292 | | | | |
| b | From 2006 | 48,176 | | | | |
| С | From 2007 | 50,259 | | | | |
| | From 2008 | 40,986 | | | | |
| ө | From 2009 | 39,905 | | | | |
| f | Total of lines 3a through e | | 220,618 | | | |
| 4 | Qualifying distributions for 2010 from Part X | (II, | | | | |
| | line 4 ◆ \$40,000 | | | | | |
| а | Applied to 2009, but not more than line 2a | | | | | |
| b | Applied to undistributed income of prior year | nrs | | | | |
| | (Election required-see page 26 of the insti | ructions) | | | | |
| С | Treated as distributions out of corpus (Elec | tion | | | · | |
| | required—see page 26 of the instructions) | | | | | |
| d | Applied to 2010 distributable amount | | | | | |
| е | Remaining amount distributed out of corpus | , | 40,000 | *************************************** | | |
| 5 | Excess distributions carryover applied to 20 | | ļ | *************************************** | | |
| • | (If an amount appears in column (d), the sa | | | | | |
| | amount must be shown in column (a)) | | | | | 1 |
| 6 | Enter the net total of each column as | | | | | |
| • | indicated below: | | | | | |
| _ | | .n. | 260,618 | | | |
| | Corpus Add lines 3f, 4c, and 4e Subtract li | ille 5 | 200,010 | | | |
| D | Prior years' undistributed income Subtract | | | | | |
| | line 4b from line 2b | 1 | | | | |
| С | Enter the amount of prior years' undistribute | | | | | |
| | income for which a notice of deficiency has | | | | | |
| | been issued, or on which the section 4942(| a) | | | | |
| | tax has been previously assessed | | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | | |
| | amount—see page 27 of the instructions | | | | | <u></u> |
| е | Undistributed income for 2009 Subtract line | | | | | |
| | 4a from line 2a Taxable amount—see page | e | | | | |
| | 27 of the instructions | | | | | |
| f | Undistributed income for 2010 Subtract line | es | | | | |
| | 4d and 5 from line 1 This amount must be | | | | | |
| | distributed in 2011 | | | | | 0 |
| 7 | Amounts treated as distributions out of corp | ous | | | | |
| | to satisfy requirements imposed by section | | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 of | the | | | | |
| | instructions) | | | | | |
| 8 | Excess distributions carryover from 2005 no | ot l | | | | |
| | applied on line 5 or line 7 (see page 27 of the | | | | | |
| | instructions) | | 41,292 | | | |
| 9 | Excess distributions carryover to 2011. | | -,-3 - | | [| |
| - | Subtract lines 7 and 8 from line 6a | | 219,326 | | | |
| 10 | Analysis of line 9 | | | | | |
| а | Excess from 2006 | 48,176 | | | | |
| a b | Excess from 2007 | 50,259 | | | | |
| | Excess from 2008 | 40,986 | | | | |
| C C | Excess from 2009 | 39,905 | | | | |
| d o | Excess from 2009 Excess from 2010 | 40,000 | | | | |
| 9 | LACESS HUIH ZU IU | 40,000 | | | <u>t</u> | 3 |

| Form | 990-PF (2010) ROBERT W. HA | MILTON FOUN | DATION | 85-04660 | 70 | Page 10 |
|------|--|---------------------------|-----------------------------|---------------------------|--------------------|---------------------------|
| Pa | rt XIV Private Operating Fou | indations (see pa | age 27 of the instr | uctions and Part \ | /II-A, question 9) | |
| 1a | If the foundation has received a ruling or o | determination letter that | t it is a private operating | I | | |
| | foundation, and the ruling is effective for 2 | 010, enter the date of | the ruling | • | | |
| b | Check box to indicate whether the founda | tion is a private operati | ng foundation describe | d in section 49 | 942(j)(3) or 494 | 2 <u>(j)(5)</u> |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (e) Total |
| | income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| | investment return from Part X for | | | | | |
| | each year listed | | | | | |
| b | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed | | | | | |
| - d | Amounts included in line 2c not used di | ectly | | | · | |
| | for active conduct of exempt activities | | | | | |
| 0 | 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 | | | | | |
| а | "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 | | | | | |
| С | "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 | | | | | |
| Pa | rt XV Supplementary Inform | nation (Complete | this part only if th | e foundation had | \$5 000 or more i | n assets at |
| • • | any time during the ye | | • | | 40,000 01 111010 1 | ii uoooto ut |
| 1 | Information Regarding Foundation Mar | | or the metraction | 0., | | |
| a | List any managers of the foundation who l | - | than 2% of the total cor | atributions received by | he foundation | |
| • | before the close of any tax year (but only | | | - | inc roundation | |
| | N/A | in they have contributed | , more than \$0,000) (0 | cc 300ii0i1 007 (d)(2)) | | |
| | List any managers of the foundation who | own 10% or more of the | e stock of a corporation | (or an equally large no | rtion of the | |
| | ownership of a partnership or other entity) | | • | | THOM OF THE | |
| | N/A | or willor the loundatio | irrias a 10 % or greater | interest | | |
| 2 | Information Regarding Contribution, G | rant Gift Loan Scho | Jarchin etc Brogram | , | | |
| - | | | | organizations and doe | e not accont | |
| | unsolicited requests for funds. If the found | | | - | <u>=</u> | |
| | | | · · · · · · | the instructions) to ind | ividuals or | |
| | organizations under other conditions, com The name, address, and telephone number | • | | ne addressed | <u> </u> | |
| а | MARION LEDFORD | er of the person to who | m applications should t | e addressed | | |
| | PO BOX 898 ALAMOGORD | O NM 88311 | | | | |
| | | | and materials that | abassala sa alisada | | |
| b | The form in which applications should be | | - | | ATTE OTT | |
| | APPLICATION AND OTHE | W LOKUZ MII | TO DE PROVID | ED OFON KEC | OFOL | |
| С | Any submission deadlines | | | | | |
| | APRIL 1ST | 1 1 | | | | |
| đ | Any restrictions or limitations on awards, s | such as by geographica | aı areas, charıtable field | s, kinds of institutions, | or other | |
| | factors CPP CTATEMENT 7 | | | | | |
| | SEE STATEMENT 7 | | | | | - 000 55 |
| DAA | | | | | | Form 990-PF (2010) |

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year SEE STATEMENT 8 40,000 40,000 **♦** 3a Total **b** Approved for future payment N/A Total **♦** 3b

| 01111 000 1 1 1 | | ****** | | | · · · | 1 age 12 |
|--------------------|--|---------------------------------------|--------------------|--|--|-----------------------------------|
| Part XVI-A | | | · | 1 | | T |
| Enter gross am | nounts unless otherwise indicated | Unrelate | ed business income | Exclud | ed by section 512, 513, or | 514 (e) Related or exempt |
| | | (a) | (b) | (c) | (d) | function income |
| 4 D | | Business code | Amount | Exclusion code | n Amount | (See page 28 of the instructions) |
| | ervice revenue. | | | | | uic maracions) |
| | | | · | | | |
| | | - | | | | |
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| f | - <u>-</u> - | 2 | | | | |
| g Fees a | and contracts from government agencies | | | | | |
| | ip dues and assessments | | | | | |
| 3 Interest on | savings and temporary cash investments | | | | | 3,946 |
| 4 Dividends | and interest from securities | | | | | 11,516 |
| 5 Net rental i | ncome or (loss) from real estate | | | | | |
| a Debt-fi | nanced property | | _ | | | |
| b Not de | bt-financed property | | | | | |
| 6 Net rental i | ncome or (loss) from personal property | | | | | |
| 7 Other inves | | | | 25 | 100,829 | |
| - | ss) from sales of assets other than inventory | | | | | |
| | e or (loss) from special events | | | ļ | , | |
| | it or (loss) from sales of inventory | | | | | |
| 11 Other reve | | - | | - | | 6 02/ |
| | REFUND | | | | | 6,836 |
| | | | | | | |
| | | | | | | |
| θ 12 Subtotal Δ | dd columns (b), (d), and (e) | | 0 | | 100,829 | 22,298 |
| | line 12, columns (b), (d), and (e) | <u> </u> | | E | 13 | 123,127 |
| | t in line 13 instructions on page 29 to verify calculation | e) | | | 13 | 125,12 |
| Part XVI-E | | | ent of Exempt Pur | poses | | |
| Line No. | Explain below how each activity for which income i | | | | | |
| | accomplishment of the foundation's exempt purpos | | | | • | the |
| | instructions) | | | | | |
| 3 | INTEREST INCOME EARNED O | N FUNDS | HELD FOR DI | STRI | BUTION AS | |
| | SCHOLARSHIPS | | | | | |
| 4 | DIVIDENDS EARNED ON STOC | K DONATE | D TO THE FO | DUNDA | TION | |
| | - | ·- · | | | | |
| | <u> </u> | | | | | |
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| ran | | Exempt Organiza | _ | isters 10 and | i i ransactioi | is and Relations | nips with | Noncharitable | | | |
|----------------|------------------|---|------------------|----------------------|---------------------|--------------------------------|-------------------|------------------------|--------------|---------|-------------|
| 1 [| _ | nization directly or indire | | in any of the follo | wing with any of | ner organization descr | | | | Yes | No |
| | • | 01(c) of the Code (other | | | | | | | | | |
| | rganization | | | ••··(•)(•) •··g•···· | , | gp. | | | | | |
| | _ | om the reporting founda | tion to a nonc | hantable exempt | organization of | | | | | | |
| | 1) Cash | у | | | 3 | | | | 1a(1) | | X |
| • | 2) Other as | ssets | | | | | | | 1a(2) | | X |
| | Other transa | | | | | | | | | | |
| (| 1) Sales of | assets to a noncharitat | ole exempt or | ganization | | | | | 1b(1) | | X |
| | - | ses of assets from a nor | - | - | n | • | | | 1b(2) | | X |
| , | • | of facilities, equipment, o | | | | | | | 1b(3) | | X |
| • | • | rsement arrangements | | | | | | | 1b(4) | | X |
| (| 5) Loans o | r loan guarantees | | | | | | | 1b(5) | | X |
| (| 6) Perform | ance of services or mer | nbership or fu | undraising solicita | itions | | | | 1b(6) | | X |
| c S | Sharing of fa | acılıtıes, equipment, mai | ling lists, othe | er assets, or paid | employees | | | | 1c | | X |
| d l | the answe | r to any of the above is | "Yes," comple | ete the following s | schedule Colum | n (b) should always sh | now the fair m | arket | | | |
| ٧ | alue of the | goods, other assets, or | services give | n by the reporting | g foundation If the | ne foundation received | less than fair | r market | | | |
| | alue in any | transaction or sharing a | arrangement, | show in column (| (d) the value of t | ne goods, other assets | , or services | received | - G | | |
| | Line no | (b) Amount involved | (c) Name o | f nonchantable exer | mpt organization | (d) Description | of transfers, tra | nsactions, and sharing | arrange | ments | |
| A/N | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | - | | | | | | | | | | |
| 2a | s the founda | ation directly or indirectl | v affiliated wit | th, or related to, o | one or more tax- | exempt organizations | | | | | |
| | | section 501(c) of the C | - | | | - | | | □ Ye | es X | No |
| b l | f "Yes," con | nplete the following sch | edule | | | | | | | | |
| | (a) |) Name of organization | | (b) Type of | organization | _ | (c) Descript | tion of relationship | | | |
| N, | /A | | | | | | | | | | |
| | | | | | | 1 | | | | | |
| | | | | | | | | · | | | |
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| | · _T | | | | | | | | | | |
| | | nalties of perjury, I declare s true, correct, and complet | | | | | | | | | |
| Sign | N | | l | | | Dy 5 Hay | | | | | |
| lere | | nature of officer or trustee | -da | for | / / Da | 0° 27° 47 | Title | PRESIDENT | <u> </u> | | |
| | ' ' ' | | | | | | 1100 | Data | | Ι | |
| اداما | Print | Type preparer's name | 0 | 1 / | Preparer's s | gnature | / | Date | | Check | Iployed |
| Paid Propar | or MARTO | ON LEDFORD | Tue | red | | | ~# | , PA 10/2: | L/11 | acii-em | pioyeu |
| Jse Oi | | | NTING | & CONSUL! | TING GRO | UP, LLP | | | 329 | 134 | <u> </u> |
| 01 | - I | | X 898 | | | | | | 045 | | |
| | ' | | GORDO, | NM 883 | 11-0898 | | | | -43 | | |
| · · · · | | | | | - | | | | | | (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

2010

Name of the organization

Employer identification number

| ROBERT W. HAN | MILTON FOUNDATION | 85-0466070 |
|--|---|---|
| Organization type (check or | ne) | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt chantable trust not treated as a private found | dation |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | n |
| | 501(c)(3) taxable private foundation | |
| | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a | Special Rule See |
| General Rule | | |
| | filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or none contributor. Complete Parts I and II | nore (in money or |
| Special Rules | | |
| sections 509(a)(1) a | (3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test ond 170(b)(1)(A)(vi), and received from any one contributor, during the year, a or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ | contribution of the |
| the year, aggregate | (7), (8), or (10) organization filing Form 990 or 990-EZ that received from any contributions of more than \$1,000 for use exclusively for religious, charitable, is, or the prevention of cruelty to children or animals. Complete Parts I, II, and | , scientific, literary, or |
| the year, contribution aggregate to more the year for an exclusive | (7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ns for use exclusively for religious, charitable, etc., purposes, but these contributions that were sty religious, charitable, etc., purpose. Do not complete any of the parts unless ization because it received nonexclusively religious, charitable, etc., contributions. | ibutions did not received during the is the General Rule |
| 990-EZ, or 990-PF), but it m | at is not covered by the General Rule and/or the Special Rules does not file Soust answer "No" on Part IV, line 2 of its Form 990, or check the box on line Higher that it does not meet the filing requirements of Schedule B (Form 990, second part of the second | of its Form 990-EZ, or on |

| age | 1 . | of | 1 | of Part | ı |
|-----|-----|----|---|---------|---|
| | | | | | |

| N | ame of organ | izatio | n | |
|---|--------------|--------|----------|------------|
| | ROBERT | W. | HAMILTON | FOUNDATION |
| | | | | |

Employer identification number 85-0466070

| Part I - Contributors | (see instructions) |
|-----------------------|--------------------|
|-----------------------|--------------------|

| | - Contributors (See Instructions) | | · · · · · · · · · · · · · · · · · · · |
|------------|--|--------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | ROBERT HAMILTON PO BOX 898 ALAMOGORDO NM 88311 | \$ 58,000_ | Person X 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) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroli Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | 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) |

85-0466070 FYE: 12/31/2010

30453 ROBERT W. HAMILTON FOUNDATION

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10/21/2011

| | Statement 1 - Form 990-PF, Part I, Line 11 - Other Income | Part I, L | ine 11 - Other | ncome | | | |
|---------------------------------|---|-----------|----------------------|-------|--------------------------|---|------------------------|
| Q | Description | Re | Revenue per Books | Ne | Net Investment Income | ∢ | Adjusted Net Income |
| POLICY CONVERSION IRS REFUND | | w | 100,829 6,836 | ₩ | 100,829 | ₩ | 100,828 6,836 |
| TOTAL | | \$ | 107,665 | လူ | 100,829 | | 107,665 |
| | | | | | | | |

| | Charitable Purpose | \$ | \$ |
|---|-----------------------|----------|-------|
| es | Adjusted Net | w | \$ |
| lent 2 - Form 990-PF, Part I, Line 18 - Taxes | Net Investment | \$ | \$ |
| nt 2 - Form 990-PF | Total | 20 | 20 |
| Stateme | | ৵ | \$ |
| | Description | NM TAXES | TOTAL |

| Charitable Purpose | ጭ | | 0 % |
|-----------------------|----------|-----------|-----------|
| Adjusted Net | ₩ | | \$ |
| Net Investment | ₩ | | \$ |
| Total | ₩ | 23,100 | \$ 23,235 |
| Description | EXPENSES | INSURANCE | TOTAL |

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

1-3

| 30453 ROBERT W. HAMILTON FOUNDATION 85-0466070 FYE: 12/31/2010 | Federal Statements | ements | | . 10/21/2011 |
|---|---|--|---------------------------------|-------------------|
| Statement 4 - Form | 1 990-PF, Part II, Line 1 | Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments | nvestments | • |
| Description COMMON STOCK OTAL | Beginning of Year \$ 434,000 \$ 434,000 | End of Year \$ 434,000 | Basis of Valuation | Fair Market Value |
| Statement 5 - Form 990-PF, Part II, Line 11 - Land, Building, and Equipment Investments | F, Part II, Line 11 - Lar | ոd, Building, and Equip | ment investments | |
| Description LABORCITA CANYON LA LUZ NM TOTAL | Beginning Net Book \$ 527,000 | End Cost / Basis \$ 527,000 \$ | End Accumulated Depreciation \$ | S S O |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 4-5 |

.30453 ROBERT W. HAMILTON FOUNDATION

85-0466070

Federal Statements

FYE: 12/31/2010

Statement 6 - Form 990-PF, Part II, Line 15 - Other Assets

| Description | Beginning of Year | End of Year | _ | Fair Market Value |
|--|-----------------------|-----------------------|-----|----------------------|
| LIFE INSURANCE POLICIES DIVIDEND RECEIVABLE | \$ 289,654 | \$ 21,882 2,879 | \$ | |
| TOTAL | \$ 289,654 | \$ 24,761 | \$_ | 0 |

6

10/21/2011

.30453 ROBERT W. HAMILTON FOUNDATION 85-0466070

FYE: 12/31/2010

Federal Statements

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

APPLICATION AND OTHER FORMS WILL BE PROVIDED UPON REQUEST

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

APRIL 1ST

Statement 7 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

MUST BE AN OTERO COUNTY, NEW MEXICO HIGH SCHOOL GRADUATE MUST HAVE A 2.50 GRADE AVERAGE OR BETTER

MUST BE A U.S. CITIZEN

MUST BE A NEW MEXICO RESIDENT

10/21/2011

| TON FOUNDATION | |
|----------------|--|
| /. HAMIL | |
| ROBERT W | |
| 453 | |

Federal Statements

10/21/2011

85-0466070 FYE: 12/31/2010 Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

| Name | Address | G | Amount |
|---|-------------------------------|-----------------|---------|
| S C D D | | מפסקים | TIDOILL |
| TULAROSA NM 88352 | NONE | SCHOLARSHIP | 750 |
| CLOUDCROFT NM 88317 | NONE | SCHOLARSHIP | 200 |
| | #6 COTTAGE ROW, PO BOX 4 | | i i |
| NM 88325 | NONE 465 CAMINO REAL | SCHOLARSHIP | 000 |
| NM 88310 | NONE | SCHOLARSHIP | 200 |
| JON FRENCH ALAMOGORDO NM 88310 | 303 CIELO GRANDE NONE | SCHOLARSHIP | 200 |
| | PO BOX 126 | | |
| CLOUDCROFT NM 88317 A ADAMS | NONE PO ROX 1177 | SCHOLARSHIP | Τ, 000 |
| CLOUDCROFT NM 88317 | | SCHOLARSHIP | 500 |
| | PO BOX 3357 | | 1 |
| ALAMOGORDO NM 88311 | NONE GARANT GITATI GITAMED OC | SCHOLARSHIP | 2,000 |
| ALAMOGORDO NM 88310 | NONE VALUE V | SCHOLARSHIP | 1,000 |
| | PO BOX 987 | | |
| LA LUZ NM 88337 | NONE | SCHOLARSHIP | 1,000 |
| | 80 YOUNG SPRING RD | | |
| CLOUDCROFT NM 88317 | | SCHOLARSHIP | 1,500 |
| SEAN B. GALLOWAY | 623 KITA KOAD | | , (c) |
| TULAROSA NM 88352 DANTELLE DAE MACTAS | NONE 1501 CPRSRNT DRIVE | SCHOLARSHIP | 005,1 |
| ALAMOGORDO NM 88310 | _ | SCHOLARSHIP | 1,750 |
| REBECCA R. WINKLES | PO BOX 1279 | | - |
| CLOUDCROFT NM 88317 | NONE | SCHOLARSHIP | 1,000 |
| SARAH JANE BOUMA | 39 CIELO MONTANO | | |
| ALAMOGORDO NM 88310 | | SCHOLARSHIP | 750 |
| JOSHUA DAVID MARTINEZ | PO BOX 326 | G THO GV TO HOS | С |
| CLOODCROFI N. 8831/ WII.I.TAM A PROVENCHER | DO BOX 298 | SCHOMMAN |) |
| LA LUZ NM 88337 | Į N | SCHOLARSHIP | 2,000 |
| MAGGIE A .CARTER | PO BOX 1157 | | |
| CLOUDCROFT NM 88317 | NONE | SCHOLARSHIP | 1,500 |
| | | | |

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30453 ROBERT W. 85-0466070 FYE: 12/31/2010

Federal Statements

10/21/2011

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

| Name | Address | | | | i c |
|---|-----------------------------|--------------|---------|---|-----------|
| Addiess | Nelation simp | | asodina | | AIIIOUIIE |
| EMILY ANN LAKSON ATAMOGOPOO NM 88310 | 1602 WASHINGTON AVE NONE | CHOI.APCHID | | - | 002 [|
| BRETT TAYLOR BLACKSTONE | 2801 PONTIAC DR | | | | 1 |
| ALAMOGORDO NM 88310 | NONE | SCHOLARSHIP | | | 1,500 |
| NATASHA ANN STOPA | 19/ LA LUZ GATE KD NONF | GTH2GAIOH72 | | | 000 6 |
| | 1115 SAN CRISTO STREET | | | - | |
| ALAMOGORDO NM 88310 | NONE | SCHOLARSHIP | | | 200 |
| JOSE G. RODRIGUEZ | 75 SUNSET ROAD | | | | |
| TULAROSA NM 88352 | ~ | SCHOLARSHIP | | | 750 |
| ALEXIS DUPREY | Z3II KOLLAND AVENUE NONF | GTH2GAIOH72 | | - | 000 6 |
| | 738 AGUA CHIOUITA ROAD | | | | 200 |
| SACRAMENTO NM 88347 | NONE | SCHOLARSHIP | | - | 1,000 |
| COURTNEY MESSER | 2865 BIRDIE LOOP | | | | |
| ALAMOGORDO NM 88310 | NONE | SCHOLARSHIP | | | 1,000 |
| TIFFANY ANN BROWN | 2324 CAMINO DEL REY | | | - | |
| ALAMOGORDO NM 88310 | NONE | SCHOLARSHIP | | | 1,500 |
| RYAN DANIEL LURTSEMA | 1201 MAPLE DRIVE | | | - | |
| CLOUDCROFT NM 88317 | NONE | SCHOLARSHIP | | | 2,000 |
| BRANDI HOLCOMB | PO BOX 3357-BRS | | | | |
| ALAMOGORDO NM 88310 | NONE | SCHOLARSHIP | | | 1,500 |
| STEPHANIE MARIE BROWN | PO BOX 494 #6 COTTAGE ROW | | | | |
| HIGH ROLLS NM 88325 | | SCHOLARSHIP | | | 200 |
| LYLE THOMAS DANLEY | 1404 WEST THIRD | | | | |
| ι. | NONE | SCHOLARSHIP | | | 1,000 |
| KIRA BRITTANY DAVIS | 26 MT JOY ESTATES | | | - | |
| MAYHILL NM 88339 | | SCHOLARSHIP | | | 1,000 |
| | PO BOX 984 | | | | , |
| ALAMOGORDO NM 88311 | | SCHOLARSHIP | | - | 1,000 |
| | PO BOX 1157 | 4 + 0 + 10 | | | C C |
| NICA ELENA TAVIOD | NOINE TO BOX 1085 | SCHOLLARSHIP | | - | 000 |
| \sim | | SCHOLARSHIP | | - | 200 |
| SHAWNEE RAE HOYT | 3609 BASSWOOD DRIVE | | | | |
| ALAMOGORDO NM 88310 | NONE | SCHOLARSHIP | | _ | 200 |

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| Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the |
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| Address Relationship |
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