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

**2010**

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 2010, or tax year beginning** \_\_\_\_\_, **2010, and ending** \_\_\_\_\_,

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

VILES FOUNDATION, INC.  
P.O. BOX 1117  
LAS VEGAS, NM 87701-1117

**A** Employer identification number  
**85-6011506**

**B** Telephone number (see the instructions)

**C** If exemption application is pending, check here

**D** 1 Foreign organizations, check here   
 2 Foreign organizations meeting the 85% test, check here and attach computation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here

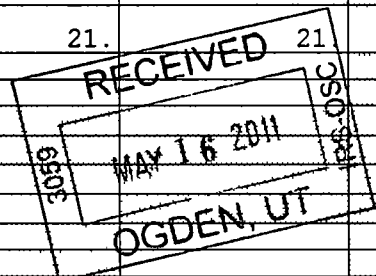
**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

**H** Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, column (c), line 16)  
 ▶ \$ **58,731.**

**J** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
 (Part I, column (d) must be on cash basis)

<b>Part I Analysis of Revenue and Expenses</b> (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)
<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, etc., received (att sch)	80,605.			
	<b>2</b> Ck ▶ <input type="checkbox"/> if the foundn is not req to att Sch B				
	<b>3</b> Interest on savings and temporary cash investments	21.	21.		
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain/(loss) from sale of assets not on line 10	134.			
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)				
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit/(loss) (att sch)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	80,760.	21.	21.		
<b>ADMINISTRATIVE EXPENSES</b>	<b>13</b> Compensation of officers, directors, trustees, etc	960.			
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach sch) SEE ST 1	582.			
	<b>c</b> Other prof fees (attach sch)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule)(see instr)				
	<b>19</b> Depreciation (attach sch) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications	60.			
	<b>23</b> Other expenses (attach schedule) SEE STATEMENT 2	1,682.			
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	3,284.			
	<b>25</b> Contributions, gifts, grants paid PART XV	68,118.			68,118.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	71,402.	0.	0.	68,118.	
<b>27 Subtract line 26 from line 12:</b>					
<b>a Excess of revenue over expenses and disbursements</b>	9,358.				
<b>b Net investment income</b> (if negative, enter -0-)		21.			
<b>c Adjusted net income</b> (if negative, enter -0-)			21.		



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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	49,373.	58,731.	58,731.
	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	<b>Total assets</b> (to be completed by all filers – see instructions. Also, see page 1, item I)	49,373.	58,731.	58,731.	
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	<b>Total liabilities</b> (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	49,373.	58,731.	
30	<b>Total net assets or fund balances</b> (see the instructions)	49,373.	58,731.		
31	<b>Total liabilities and net assets/fund balances</b> (see the instructions)	49,373.	58,731.		

**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	49,373.
2	Enter amount from Part I, line 27a	2	9,358.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	58,731.
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	58,731.

**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)
1 a 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)		3	

If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8

**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))
2009			
2008			
2007			
2006			
2005			

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 2010 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	0.
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	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:		
a	2010 estimated tax pmts and 2009 overpayment credited to 2010	6 a	
b	Exempt foreign organizations – tax withheld at source	6 b	
c	Tax paid with application for extension of time to file (Form 8868)	6 c	
d	Backup withholding erroneously withheld	6 d	
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	0.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
11	Enter the amount of line 10 to be <b>Credited to 2011 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a		X
1 b		X
1 c		X
2		X
3		X
4 a		X
4 b		N/A
5		X
6	X	
7	X	
8 a		
8 b	X	
9		X
10		X

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Form 990-PF (2010)

**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 <span style="float:right">▶ N/A</span>	13	X	
14	The books are in care of ▶ <u>BEATRICE HURTADO</u> Telephone no. ▶ <u>505-387-2260</u> Located at ▶ <u>P.O. BOX 158 HOLMAN NM</u> ZIP + 4 ▶ <u>87723-0158</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">▶ 15</span> N/A ▶ <input type="checkbox"/> N/A			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ▶	16	Yes	No X

**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 2010?	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <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 <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to 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 <b>any</b> 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 2010 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 2010 )	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 2010?	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)?

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?

N/A  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

5b	N/A
6b	X
7b	

**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		960.	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

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		
-----		
-----		
-----		
-----		
-----		0

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 49 YOUNG PEOPLE FOR POST SECONDARY EDUCATION.	68,118.
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 -----	0.

Total. Add lines 1 through 3 ▶ 0.

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

<b>1</b> Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
<b>a</b> Average monthly fair market value of securities	<b>1a</b>	
<b>b</b> Average of monthly cash balances	<b>1b</b>	21,536.
<b>c</b> Fair market value of all other assets (see instructions)	<b>1c</b>	
<b>d Total</b> (add lines 1a, b, and c)	<b>1d</b>	21,536.
<b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b> Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	21,536.
<b>4</b> Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	323.
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	21,213.
<b>6 Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	1,061.

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

<b>1</b> Minimum investment return from Part X, line 6	<b>1</b>	1,061.
<b>2a</b> Tax on investment income for 2010 from Part VI, line 5	<b>2a</b>	
<b>b</b> Income tax for 2010. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b> Add lines 2a and 2b	<b>2c</b>	
<b>3</b> Distributable amount before adjustments Subtract line 2c from line 1	<b>3</b>	1,061.
<b>4</b> Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b> Add lines 3 and 4	<b>5</b>	1,061.
<b>6</b> Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7 Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	1,061.

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

<b>1</b> Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:		
<b>a</b> Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	<b>1a</b>	68,118.
<b>b</b> Program-related investments – total from Part IX-B	<b>1b</b>	
<b>2</b> Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	<b>2</b>	
<b>3</b> Amounts set aside for specific charitable projects that satisfy the		
<b>a</b> Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b> Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4 Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	68,118.
<b>5</b> Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	<b>5</b>	
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	68,118.

**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 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				1,061.
2 Undistributed income, if any, as of the end of 2010.				
a Enter amount for 2009 only			0.	
b Total for prior years 20__, 20__, 20__		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: ▶ \$ <u>68,118.</u>				
a Applied to 2009, 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 2010 distributable amount				1,061.
e Remaining amount distributed out of corpus	67,057.			
5 Excess distributions carryover applied to 2010 (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	67,057.			
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 5c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount – see instructions			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				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)	67,058.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
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				

**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 2010, 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) 2010	(b) 2009	(c) 2008	(d) 2007	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> 'Assets' alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
<b>c</b> 'Support' alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the 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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SCHEDULE ATTACHED - 49 GRANTS	NONE	NONE	SCHOLARSHIP GRANTS FOR YOUNG PEOPLE FOR EDUCATIONAL OPPORTUNITIES THEY OTHERWISE WOULD NOT HAVE.	68,118.
<b>Total</b>				▶ 3a 68,118.
b Approved for future payment SCHEDULE ATTACHED - 44 GRANTS	NONE	NONE	SAME AS ABOVE	50,100.
<b>Total</b>				▶ 3b 50,100.





**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

VILES FOUNDATION, INC.

Employer identification number

85-6011506

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(\_\_\_\_) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization  
 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) 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. 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

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	\$ 61,694.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LOS CIEN DE HIGHLANDS LAS VEGAS, NM 87701	\$ 15,821.	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.)



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

(a) No. from Part 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

(a) No. from Part 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

(a) No. from Part 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

CLIENT 99010

VILES FOUNDATION, INC.

85-6011506

5/10/11

02:52PM

**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.			
<b>TOTAL</b>	<b>\$ 582.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

**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.			
MISCELLANEOUS	132.			
POSTAGE	49.			
SPECIAL EVENT EXPENSES	1,310.			
SUPPLIES	110.			
<b>TOTAL</b>	<b>\$ 1,682.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

**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	960.	0.	0.
MERIDETH HMURA 3000 MACKLAND AVE. N.E. ALBUQUERQUE, NM 87106	SECRETARY 0		0.	0.

CLIENT 99010

VILES FOUNDATION, INC.

85-6011506

5/10/11

02.52PM

**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 &amp; 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	\$ 960.	\$ 0.	\$ 0.

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

NAME OF GRANT PROGRAM:  
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 2, 2010 FOR FALL OF 2011  
RESTRICTIONS ON AWARDS:

Viles Foundation Inc  
Average Cash Balance  
For The Year Ending December 31, 2010  
Bank of Las Vegas Account 70-0435-4

Date		1/1/10 & 12/31/10 Begin month	1/30/10 Thru 12/31/10 End month
30-Jan-10	January	\$49,373.04	\$36,988 91
27-Feb-10	February	\$36,988.91	\$15,205 50
31-Mar-10	March	\$15,205.50	\$14,980 81
30-Apr-10	April	\$14,980.81	\$15,747 16
29-May-10	May	\$15,747.16	\$15,497.58
30-Jun-10	June	\$15,497 58	\$15,248 61
31-Jul-10	July	\$15,248 61	\$15,249 86
31-Aug-10	August	\$15,249.86	\$9,501 17
30-Sep-10	September	\$9,501 17	\$10,852 05
30-Oct-10	October	\$10,852.05	\$11,629 44
30-Nov-10	November	\$11,629.44	\$11,629.95
31-Dec-10	December	<u>\$11,629 95</u>	\$40,235.64
	Totals:	\$221,904 08	\$212,766.68
		X        1/12	X        1/12
		<b>\$18,492.01</b>	<b>\$17,730.56</b>
	GRAND TOTAL:		\$18,492 01
			\$17,730 56
	Average Monthly Bank Statement Balance		\$18,111 29

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

*Summary of Cash Balances*  
For the Year Ending December 31, 2010  
Bank of Las Vegas Account # 427027  
Savings Account

Month	Donations	Interest Earned	End of Month Balance
January			
February			
March			
April			
May			
June			
July			
August			
September			
October	\$15,821.10		\$15,821.10
November			\$15,821.10
December	\$3,090.00	\$4.16	\$18,915.26
<b>Totals:</b>	<b>\$18,911.10</b>	<b>\$4.16</b>	<b>\$18,915.26</b>

The foundation is the recipient of all net income from the Matie R. Viles Charitable Trust  
(I.D. No. 85-6009723) Bank of America, N.A., Trustee, P.O. Box 26900,  
Albuquerque, New Mexico 87125-6900.

**Viles Foundation Grants 2010-2011  
Schedule of Grant Recipients 2010**

Last Name	First Name	Data Base Number	Address	City	State	Zip
Abeyta	Eugene	815	P.O. Box 145	Holman	NM	87723
Abeyta	Tiffany	816	P.O. Box 185	Holman	NM	87723
Baca	Ricardo	804	12 Gabaldon Rt	Las Vegas	NM	87701
Baca	Tracy	825	710 1/2 Union St.	Las Vegas	NM	87701
Bonney	Beverly	826	P.O. Box 952	Mora	NM	87732
Cano	Latisha	817	2508 Calle Aldorado	Las Vegas	NM	87701
Cano	Monica	839	2508 Calle Aldorado	Las Vegas	NM	87701
Chavez	James Zachariah	827	321 So Commerce #4	Las Vegas	NM	87701
Collins	Arissa	828	3006 Rogers	Las Vegas	NM	87701
Cordova	Bernadine	829	P.O. Box 83	Buena Vista	NM	87712
Cordova	Cassandra	840	P.O. Box 43	Las Vegas	NM	87701
Diaz	Wally	841	P O Box 1342	Las Vegas	NM	87701
Estrada	Devln	830	708 Lincoln St.	Las Vegas	NM	87701
Fernandez	Stephanie	807	P.O. Box 93	Cleveland	NM	87715
Gallegos	Angelica	831	P.O. Box 1871	Las Vegas	NM	87701
Garcia	Christina		HCR 64 Box 28	Mora	NM	87732
Garcia	Gabriel	819	P.O. Box 464	Mora	NM	87732
Gonzales	Naomi Michelle	833	512 Friedman Ave	Las Vegas	NM	87701
Gonzales	Santana	842	P.O. Box 99	Holman	NM	87723
Gutierrez	Benito	843	P.O. Box 102	Villanueva	NM	87583
Leyba	Antonio	844	HCR 72 Box 257	Ribera	NM	87560
Lopez	Milton	809	P.O. Box 1166	Pecos	NM	87552
Lucero	Gabriel	782	2032 East Dr	Las Vegas	NM	87701
Ludi	Michael	798	313 Girad SE Apt. 8	Albuquerque	NM	87106
Maes	Misty	845	P.O. Box 2011	Las Vegas	NM	87701
Maestas	Ethan	810	P.O. Box 335	Montezuma	NM	87731
Maestas	Jason	770	9719 Desert Pine Ave SW	Albuquerque	NM	87121

Viles Foundation Grants 2010-2011		Page 2 of 2				
Schedule of Grant Recipients 2010						
Last Name	First Name	Data Base Number	Address	City	State	Zip
Martinez	Miranda		868 Castleview	Las Vegas	NM	87701
Martinez	Ramon	846	HC 69 Box 11A	Rochlada	NM	87742
Melton	Tara	847	HC 74 Box 91D	Pecos	NM	87552
Montano	Benjamin	848	916 Tilton Ave	Las Vegas	NM	87701
Montoya	Jennifer	307	804 Legion Dr.	Las Vegas	NM	87701
Morales	Syria	849	P.O. Box 2123	Las Vegas	NM	87701
Muniz	Christina	620	290 Las Dispensas	Sapello	NM	87745
Quintana	Kristina	802	P O Box 396	Pecos	NM	87552
Rivera	Rosemary	850	654 Mullins Dr.	Las Vegas	NM	87701
Romero	Christina	834	P.O. Box 372	Las Vegas	NM	87701
Roybal	Carmelita	813	P.O. Box 1018	Pecos	NM	87552
Salazar	Candice	835	P O. Box 3741	Las Vegas	NM	87701
Sanchez	Lisa Marie	836	P.O. Box 802	Las Vegas	NM	87701
Uilbarri	Gerald	814	P.O. Box 39	Serafina	NM	87569
Uilbarri	Joseph		1610 Salazar St.	Las Vegas	NM	87701
Valdez	Marissa	851	522 Hermosa Circle	Las Vegas	NM	87701
Vigil	Flavio	838	P.O. Box 23	Holman	NM	87723
Vigil	Kayla	852	2442 Sage Brush	Las Vegas	NM	87701

**Matie R. Viles, Founder**

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

March 10, 2010

Dear Renewal Applicant:

The Viles Foundation is accepting renewal applications for a Viles Foundation Scholarship from qualifying students for the 2010-2011 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 2, 2010  
Please follow the Renewal Instructions:

1. Answer all questions completely. Please **TYPE** your renewal application or request a copy by email from Beatrice Hurtado at 575-387-2260(H); 575-643-5182(C); or email [nina\\_amor3@yahoo.com](mailto:nina_amor3@yahoo.com)
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 **9 additional copies** (10 total copies) as soon as possible. The deadline is to be postmarked by **April 2, 2010**.
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 Beatrice Hurtado, listed above

Sincerely,

LouElla Marr-Montoya, President  
Viles Foundation, Inc

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

(Rev. 3/10)

RENEWAL APPLICATION

TYPE or PRINT application, with black ink assuring all responses are legible

\*\*\*\*\*

An incomplete application will not be considered for a scholarship and the Board of Directors has no obligation to return incomplete applications.

\*\*\*\*\*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Number & Street City Zip Code

Mailing Address if different from above: \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*\*\*\*\*

College you last attended: \_\_\_\_\_ Date You Last Attended. \_\_\_\_\_

College You Will Attend: \_\_\_\_\_ Address: \_\_\_\_\_

Date School Will Begin: \_\_\_\_\_ (Check One) While attending college, I will live: at home \_\_\_ on campus \_\_\_, off campus \_\_\_\_\_ My current major field of study is \_\_\_\_\_ and my minor is \_\_\_\_\_

I am officially classified as a \_\_\_\_\_ student (Freshman, Sophomore, Junior, Senior or Graduate). This application is for what school year? \_\_\_\_\_

\*\*\*\*\*

Expected Expenses for School Year:

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

TOTAL \$ \_\_\_\_\_

Financial Resources:

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

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 records in order that my eligibility for the scholarship be determined and my school performance be evaluated. This includes verification of enrollment at the college or university I am attending. I also authorize public announcements if I am awarded the scholarship.

Signature of Scholarship Applicant or Parent/
Guardian if less than eighteen years old

Date

**REMEMBER TO DO THE FOLLOWING**

1. Did you answer all questions completely and provide 10 copies (1 original and 9 copies) of your application?
2. Did you provide a current Official Transcript of all work?
3. Are you mailing your application, postmarked by the deadline of April 2, 2010?
4. Did you sign your application?
5. Are you mailing the 10 copies to

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

**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, legal parent** (death certificate and/or obituary). It is the authority of the board to request additional identifying information to determine the relationship between you and the deceased parent.
- 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 2, 2010.**
- 8 **Mail the original application/required documents with 9 additional copies (10 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. 3/10)

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: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Number & Street City Zip Code*

Mailing Address if different from above: \_\_\_\_\_

Do you have the following? Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

\*\*\*\*\*

Which of your legal 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 \$ \_\_\_\_\_

\*\*\*\*\*

VILES FOUNDATION, INC. SCHOLARSHIP  
NEW APPLICATION  
Page 2

APPLICANT'S NAME \_\_\_\_\_ Birth Date \_\_\_\_\_

\*\*\*\*\*

I certify that all information provided in, and with this application is true and accurate. I understand that if I am awarded the Viles Foundation, Inc Scholarship, the Foundation will commit monies for full time studies for only one school year and has no obligation to fund scholarships in subsequent years I further understand that if I wish scholarship funds for subsequent years, I must reapply each year and I will not be funded by the foundation for more than five (5) scholarships. Should I receive this scholarship, I am aware that I must maintain a 2.0 GPA on a 4.0 scale and maintain a full 12 hour schedule in order to be considered for additional foundation scholarships. I understand that any misinformation or misrepresentation provided on this application would be grounds for denial of my application or if money has been awarded to me, I will have the duty to repay it back. I further understand that any denial of this application due to fraud or misrepresentation would bar me from any further application.

\_\_\_\_\_  
*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

If the applicant is less than 18 years of age, the certification of the applicant's parent or guardian is required

\_\_\_\_\_  
*Parent or Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\*\*\*\*\*

I authorize the Viles Board of Directors to access my educational records in order that my eligibility for the scholarship be determined and my school performance be evaluated. This includes verification of enrollment at the college or university I am attending. I also authorize public announcements if I am awarded the scholarship

\_\_\_\_\_  
Signature of Scholarship Applicant or \_\_\_\_\_  
Parent/ guardian if less than eighteen years old \_\_\_\_\_  
Date

**REMEMBER TO DO THE FOLLOWING**

1. Did you answer all questions completely?
2. Did you provide documentation or affidavit of the death of your deceased parent?
- 3-A. Did you provide 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. Are you mailing the application, postmarked by the deadline of **April 2, 2010**?
5. Are you mailing the **original application/required documents with 9 additional copies** (ten total copies) of this application and all required paperwork, and did you address the envelope to  
Viles Foundation, Inc.  
P.O. Box 1117  
Las Vegas, New Mexico 87701
6. Did you attach an 8-1/2" by 11" sheet(s) with the listed subjects and did you provide the information requested in a complete, accurate and well thought-out form?
7. Did you include a small picture or snapshot of yourself?
8. Did you arrange to have two letters of recommendation sent to the Foundation? (One letter from your high school principal or counselor, and one from a teacher or employer.)