

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED NOV 2 6 2012

Form **990-PF**

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0052

2011

For c	alend	ar year 2011 or tax year beginning , a	and ending				
	ne of fou	· · · · · · · · · · · · · · · · · · ·			A Emplo	yer identification number	
R	OBEI	RT W. HAMILTON FOUNDATION			85-	-0466070	
		street (or P O box number if mail is not delivered to street address)	Ro	om/suite	B Teleph	one number (see instructions)
		BOX 898			575	5-437-5573	
•		, state, and ZIP code DGORDO NM 88311			C If exen	nption application is pending,	check here
					- D 1. Fo	reign organizations, check hei	
GC	песк а	Ill that apply Initial return Initial return Amended	n of a former public cha	arity			
		Address change Name cha			1	reign organizations meeting th % test, check here and attach	. []
	l. t.				- ·		deadadaa
			e private foundation			ite foundation status was term n 507(b)(1)(A), check here	▶ □
		ket value of all assets at J Accounting method	X Cash Acc	nual	F If the fo	oundation is in a 60-month tei	mination
		ear (from Part II, col (c), Other (specify)				section 507(b)(1)(B), check h	▶ 1
	e 16) I		pe on cash basis)				
	ert I	Analysis of Revenue and Expenses The total of	(a) Revenue and	# N N - 4		(a) Adverted not	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net in		(c) Adjusted net income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	1,729,147				
	2	Check ► ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	58,035		58,035	58,035	
	4	Dividends and interest from securities	7,650		7,650	7,650	
	5a	Gross rents					
Revenue	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10					
	b	Gross sales price for all assets on line 6a			0		
	7	Capital gain net income (from Part IV, line 2)				0	
	8	Net short-term capital gain Income modifications					
	10a	Gross sales less returns & allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STMT 1	8,760			8,760	
	12	Total. Add lines 1 through 11	1,803,592		65,685	74,445	
(A)	13	Compensation of officers, directors, trustees, etc	0				
enses	14	Other employee salaries and wages					
oeu	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)				RECE	VED-I-
ē	b	Accounting fees (attach schedule)	ļ				
Ę	C	Other professional fees (attach schedule)				18 NOV 2 1	2012
štra	17 18	Interest Taxes (attach schedule) (see instructions) STMT 2	1,023			101 110 7 7	89
<u>:</u>	19	Depreciation (attach schedule) and depletion	1,023			OCOCA	1 +83
Ξ	20	Occupancy				LUUUEN	, U1
¥	21	Travel, conferences, and meetings					
Б	22	Printing and publications					
ත පා	23	Other expenses (att sch) STMT 3	30				
Operating and Administrative Ex	24	Total operating and administrative expenses.					
эrа		Add lines 13 through 23	1,053		0	0	
ď	25	Contributions, gifts, grants paid	37,250				37,250
_	26	Total expenses and disbursements.Add lines 24 and 25	38,303	<u> </u>	0	0	37,250
	27	Subtract line 26 from line 12		1			
	a	Excess of revenue over expenses and disbursements	1,765,289	<u>'</u>	6E 605		
	b	Net investment income (if negative, enter -0-)		1	65,685	74,445	
	С	Adjusted net income(if negative, enter -0-)	<u> </u>	ŧ		14,445	<u> </u>

3,403,949 Form 990-PF (2011)

3,403,949

4

5

6

4 Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Part IV Capital Gains a	nd Losses for Tax on Investmer	nt Income				.
	cribe the kind(s) of property sold (e.g., real estate, varehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr)
1a N/A						
b		<u></u> .				
С						
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			or (loss)) minus (g)
a						
b						-
_ <u>C</u>						· · ·
d						
Complete only for constant above		detres en 12/21/60				
Complete only for assets snowing	g gain in column (h) and owned by the four			1		(h) gain minus less than -0-)or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (ı) I (j), if any ————————————————————————————————————	COI		om col (h))
а						,
b						
C						
d						
е				 		
2 Capital gain net income or (net ca	apital loss) If (loss), enter -0- in f	Part I, line 7		2		
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)					
If gain, also enter in Part I, line 8,	column (c) (see instructions) If (loss), ent	er -0- ın				
Part I, line 8				3		
	nder Section 4940(e) for Reduce			1e		
(For optional use by domestic private	foundations subject to the section 4940(a)	tax on net investme	ent income)			
If section 4940(d)(2) applies, leave th	ıs part blank					
Was the foundation liable for the sect	ion 4942 tax on the distributable amount o	f any year in the has	e period?			Yes X No
	ify under section 4940(e) Do not complete		o ponou			
	each column for each year, see the instruc		any entries			
(a)		lions before making	· ·			(d)
Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distributions	Net valu	(c) ue of noncharitable-use assi	ets		tribution ratio divided by col. (c))
2010		,837			(00) (0)	arriada by sor (o//
2009		,845				
2008		,514				
2007		,991				
2006		,924				
					T	
2 Total of line 1, column (d)				2		
. , ,	5-year base penod—divide the total on line	2 by 5, or by the				
	as been in existence if less than 5 years	• •		3		
•	•					
4 Enter the net value of nonchantal	ble-use assets for 2011 from Part X, line 5			4		3,409,048
5 Multiply line 4 by line 3				5	<u> </u>	
•						
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6		657
7 Add lines 5 and 6				7	<u> </u>	657
8 Enter qualifying distributions from				8	<u> </u>	37,250
•	n line 7, check the box in Part VI, line 1b, a	nd complete that pa	rt using a 1% tax rate	See the		
Part VI instructions						

	990-PF (2011) ROBERT W. HAMILTON FOUNDATION 85-0466070	_		Р	age 4
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)				
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)	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			<u>657</u>
	here ▶ X and enter 1% of Part I, line 27b	I			
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-)	2			<u> </u>
3	Add lines 1 and 2	3			657
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			657
6	Credits/Payments				
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 1,200	1			
b	Exempt foreign organizations—tax withheld at source 6b	I			
С	Tax paid with application for extension of time to file (Form 8868)	I			
d	Backup withholding erroneously withheld 6d	1			
7	Total credits and payments Add lines 6a through 6d	7		1,	<u> 200</u>
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	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			<u>543</u>
11_	Enter the amount of line 10 to be Credited to 2012 estimated tax▶ 543 Refunded ▶	11			
Pa	rt VII-A Statements Regarding Activities				
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?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	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		X
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 ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		i i		
•	on foundation managers \$				₩.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
,	If "Yes," attach a detailed description of the activities				
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		v
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	/	5		x
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	Ī
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 instructions) NM				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		<u> </u>
			Form 9	90-PF	(2011)

Form	990-PF (2011) ROBERT W. HAMILTON FOUNDATION	85-0	466070			Pa	age 6
Pa	ert VII-B Statements Regarding Activities for Which Form	1720 May Be Re	quired (contir	nued)			
5a	During the year did the foundation pay or incur any amount to						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?	_ Y	'es 🛚 No		I	
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,				I	
	directly or indirectly, any voter registration drive?		Y	′es 🛚 X No		I	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Y	′es 🛚 X No		I	
	(4) Provide a grant to an organization other than a chantable, etc., organization of	described in	_	_		ŧ	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)		Y	′es 🛚 X No		I	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational	_			I	
	purposes, or for the prevention of cruelty to children or animals?		Y	′es 🛚 X No		I	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under	r the exceptions desc	cnbed in			I	
	Regulations section 53 4945 or in a current notice regarding disaster assistance	(see instructions)?		N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check he	re e		▶ 🗌		ŧ	
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	n the tax			1	ŧ	
	because it maintained expenditure responsibility for the grant?		N/A 🗌 Y	′es 📙 No		Ī	
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)					Ī	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to part	y premiums				ŧ	
	on a personal benefit contract?		Y	′es 🗶 No		ŧ	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal control of the foundation, during the year, pay premiums, directly or indirectly, on a personal control of the foundation.	sonal benefit contract	?		6b		X
	If "Yes" to 6b, file Form 8870					Ī	
7a	At any time during the tax year, was the foundation a party to a prohibited tax she	elter transaction?	\ \ \	′es X No		ŧ	
b	If Yes, did the foundation receive any proceeds or have any net income attributate	le to the transaction?	·	N/A	7b		
Ρŧ	art VIII Information About Officers, Directors, Trustees, Fo	undation Manag	gers, Highly Pa	aid Employees	> ,		
	and Contractors						
<u>1 i</u>	ist all officers, directors, trustees, foundation managers and their comper	sation (see instruc	tions).				
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Evr	ense ac	count
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowan	
		devoted to pesiaon	•,	compensation			
MZ	RION LEDFORD ALAMOGORDO	PRES/DIRCTR					
PC	BOX 898 NM 88311	5.00	0	0			0
MI	LES LEDGERWOOD ALAMOGORDO	SEC/DIRECTOR	İ				
50	0 10TH STREET NM 88310	5.00	0	0			0
JP	MES ANDERSON ALAMOGORDO	TREAS/DIRCTR					
71	0 MARYLAND NM 88310	5.00	0	0			0
		<u> </u>		_			
2	Compensation of five highest-paid employees (other than those included	on line 1—see ins	tructions). If none	e, enter			
	"NONE."		1				
		(b) Title, and average		(d) Contributions to employee benefit	(e)Exi	oense ao	count.
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowan	
		<u>'</u>		compensation			
NC	NE	,					
-		+					
-							
		-	_	-		_	
		+-	-				
Tota	I number of other employees paid over \$50,000		1			Т	0
1018	Tridinger of other employees paid over 400,000					N-PF	(2011)
				-	JIII J	· • - i [(2011)

Form 990-PF (2011) ROBERT W. HAMILTON FOUNDATION	85-0466070	Page 7
Part VIII Information About Officers, Directors, Trustees, Fo and Contractors (continued)		loyees,
3 Five highest-paid independent contractors for professional services (see	instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		<u></u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	l nstructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a		Amount
1 N/A		
2		
All other program-related investments. See instructions		

Form 990-PF (2011)

Total. Add lines 1 through 3

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

	1990-PF (2011) ROBERT W. HAMILION FOUNDATION 35-0466070	£0.,00	Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	touna	ations,
_	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
_	purposes	1a	1,141,121
a	Average monthly fair market value of securities	1b	1,358,841
b	Average of monthly cash balances	1c	961,000
C	Fair market value of all other assets (see instructions)	1d	3,460,962
d	Total (add lines 1a, b, and c)	10	3,400,902
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1 te 0		
		2	0
2	Acquisition indebtedness applicable to line 1 assets	3	3,460,962
3	Subtract line 2 from line 1d	3	3,400,902
4	Cash deemed held for chantable activities Enter 11/2% of line 3 (for greater amount, see		E1 01/
_	instructions)	4	51,914 3,409,048
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	170,452
6_	Minimum investment return.Enter 5% of line 5	6	170,452
Pá	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)		170,452
1	Minimum investment return from Part X, line 6 Tax on investment income for 2011 from Part VI. line 5 2a 657	1	170,452
2a			
b	Income tax for 2011 (This does not include the tax from Part VI)		657
С	Add lines 2a and 2b	2c	657 169,795
3	Distributable amount before adjustments Subtract line 2c from line 1	3	109,795
4	Recoveries of amounts treated as qualifying distributions	4	1.00 7.05
5	Add lines 3 and 4	5	169,795
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		160 705
	line 1	7	169,795
Pa	art XII Qualifying Distributions (see instructions)		
		1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		37,250
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	31,230
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	25 252
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	37,250
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	657
6	Adjusted qualifying distributions.Subtract line 5 from line 4	6	36,593
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	1	

Pa	rt XIII Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				169,795
2	Undistributed income, if any, as of the end of 2011				
а	Enter amount for 2010 only				
	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2011				
а	From 2006 48,176				
b	From 2007 50,259				
С	From 2008 40,986				
d	From 2009 39,905				
е	From 2010 40,000				
f	Total of lines 3a through e	219,326			
4	Qualifying distributions for 2011 from Part XII,	·			
	line 4 ▶ \$37,250				
а	Applied to 2010, but not more than line 2a				
	Applied to undistributed income of prior years				
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election				
•	required—see instructions)				
А	Applied to 2011 distributable amount				37,250
	Remaining amount distributed out of corpus				0.7.50
5	Excess distributions carryover applied to 2011	132,545			132,545
•	(If an amount appears in column (d), the same				552,515
	amount must be shown in column (a))				
6	Enter the net total of each column as				
•	indicated below:				
9	Corpus Add lines 3f, 4c, and 4e Subtract line 5	86,781			
	Prior years' undistributed income Subtract	307,02			
U	line 4b from line 2b				
_					
·	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
a	tax has been previously assessed Subtract line 6c from line 6b Taxable				
u					
_	amount—see instructions				
е	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount—see				
	Instructions Undistributed income for 2011 Subtract lines				
ı					
	4d and 5 from line 1. This amount must be				o
_	distributed in 2012				<u> </u>
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
_	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not				
^	applied on line 5 or line 7 (see instructions)	 -			·
9	Excess distributions carryover to 2012.	0.0 70*			:
	Subtract lines 7 and 8 from line 6a	86,781			
10	Analysis of line 9				
a	Excess from 2007				-
b	Excess from 2008 6,876				:
С	Excess from 2009 39,905				
d	Excess from 2010 40,000				
е	Excess from 2011		L		!

Р	an	e	1	0
Р	'ao	e	7	U

Pa	rt XIV Private Operating Fou	ndations (see ins	tructions and Part	VII-A, question 9)			
1a	If the foundation has received a ruling or o	·					
	foundation, and the ruling is effective for 2011, enter the date of the ruling						
ь	10.40(1/8)						
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years			
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total	
	investment return from Part X for			· · · · · · · · · · · · · · · · · · ·			
	each year listed						
b	85% of line 2a	<u> </u>					
c	Qualifying distributions from Part XII,						
Ū	line 4 for each year listed						
d	Amounts included in line 2c not used directly						
u	for active conduct of exempt activities						
е	Qualifying distributions made directly						
-	for active conduct of exempt activities				Ì		
	Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the						
3	alternative test relied upon						
2	"Assets" alternative test—enter						
а	(1) Value of all assets						
	(2) Value of assets qualifying under						
	section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test—enter 2/3					· · · · · · · · · · · · · · · · · · ·	
J	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	ert XV Supplementary Inform	nation (Complete	this part only if th	ne foundation had	\$5.000 or more in	n assets at	
	any time during the ye		•		• •		
1	Information Regarding Foundation M						
а	List any managers of the foundation who	_	than 2% of the total cor	ntributions received by t	he foundation		
	before the close of any tax year (but only						
	N/A				<u> </u>		
b	List any managers of the foundation who	own 10% or more of the	e stock of a corporation	(or an equally large po	rtion of the		
	ownership of a partnership or other entity	of which the foundatio	n has a 10% or greater	interest			
	N/A	·					
2	Information Regarding Contribution,						
	-		•	organizations and doe			
	unsolicited requests for funds If the found		its, etc (see instruction	s) to individuals or orga	nizations under		
	other conditions, complete items 2a, b, c,						
а	The name, address, and telephone numb	er of the person to who	m applications should t	oe addressed			
	MARION LEDFORD	00011					
	PO BOX 898 ALAMOGORI						
	The form in which applications should be APPLICATION AND OTHE				QUEST		
	Any submission deadlines APRIL 1ST		****		 	·	
d	Any restrictions or limitations on awards,	such as by geographica	al areas, chantable field	ls, kinds of institutions,	or other		
	factors						
	SEE STATEMENT 8						

DAA

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year SEE STATEMENT 9 37,250 37,250 ▶ 3a Total b Approved for future payment N/A • 3b Total

	Analysis of Income-Producing Act					, ago 12
	unts unless otherwise indicated		ed business income	Excluded b	oy section 512, 513, or 514	
1 Program ser		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
•				 		
		-				
d		-				
f				 		
	d contracts from government agencies	•				
-	dues and assessments	· ·	,			
•	avings and temporary cash investments	·····				58,035
	d interest from securities					7,650
	come or (loss) from real estate					
	anced property					
	-financed property					
	come or (loss) from personal property					
7 Other investi						
8 Gain or (loss) from sales of assets other than inventory					
	or (loss) from special events					
	or (loss) from sales of inventory					
11 Other revenu	ue a					
b IRS I	REFUND					8,760
С		.				
е						
12 Subtotal Add	d columns (b), (d), and (e)			0	0	74,445
13 Total. Add lii	ne 12, columns (b), (d), and (e)				13	74,445
/	n line 13 instructions to verify calculations)					
Part XVI-B	Relationship of Activities to the Ac					
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpo	ses (other than b	y providing funds for	such purpos	ses) (See instructions)
3	INTEREST INCOME EARNED C	N FUNDS	HELD FOR D	ISTRIE	BUTION AS	
	SCHOLARSHIPS			OID D 1 0	-	
4	DIVIDENDS EARNED ON STOC	CK DONATE	D TO THE F	CONDAT	LION	
						
						
	•				_	
						·
	**************************************		· · · · · · · · · · · · · · · · · · ·			
						
						<u>.</u>
						•

Page **13**

Part XVII	Information Rega Exempt Organiza	•	rs To and	Transaction	s and Relationship	ps With Nor	icharitable		
1 Did the or	rganization directly or indi		v of the follow	ing with any oth	er organization describe	ed .		Yes	No
	501(c) of the Code (other				-				
organizat		•		·					Ė
a Transfers	from the reporting founda	ation to a nonchanta	able exempt o	organization of					İ
(1) Cash	1						1a(1)		X
(2) Other	r assets						1a(2)		X
b Other tran	nsactions								
(1) Sales	s of assets to a nonchanta	ble exempt organiz	ation				1b(1)		X
(2) Purch	hases of assets from a no	nchantable exempt	organization				1b(2)		X
(3) Renta	al of facilities, equipment,	or other assets					1b(3)		X
(4) Reim	bursement arrangements						1b(4)		X
(5) Loans	s or loan guarantees						1b(5)		X
(6) Perfo	ormance of services or me	mbership or fundra	ıısıng solıcıtatı	ons			1b(6)	igsquare	Х
c Sharing o	of facilities, equipment, ma	iling lists, other ass	sets, or paid e	mployees			1c_	Ll	X
	wer to any of the above is		-						
	he goods, other assets, or								
	any transaction or sharing								
(a) Line no	(b) Amount involved	(c) Name of non	ncharitable exemp	pt organization	(d) Description of	of transfers, transac	tions, and sharing arrangem	ents	
I/A									
		<u> </u>				·			
•		 							
		 			<u> </u>				
		 							
	·	 							
		 			<u> </u>				
		 							
		 		-					
		 			····				
		 							
	-	 		 					
		 							
	indation directly or indirect in section 501(c) of the C	•			. •			es X	No
b If "Yes," o	complete the following sch	iedule							
	(a) Name of organization		(b) Type of or	rganization		(c) Description of	relationship		
N/A									
					ļ				
T"					<u> </u>	41 . 6	To de la constitució de la con		
	r penaities of penury, I declare th ≾, and complete Declaration of p						F		
			• /				May the IRS discuss this r with the preparer shown b		
			,				(see instructions)?	Yes	No
ign		1, 1	1	1 4					
lere 📗 -	3				1972	PRESID	<u>ent</u>		
	Signature of officer or trustee	<u></u>		Date	A	Title		т	
I	nt/Type preparer's name		ļ	Preparer's signatu	re (/ /		Date	Check	ıf
aid				M	Xand	, ,		self-em	ployed
	EN SANDERS		10110	VILLET	y your	ω_{-}	11/14/12		
se Only Firm			CONSULT	ING GROU	JP, 'LLP	PTI			
Firm		OX 898		1 0000			n's EIN ► 85-045		
	ALAMO	OGORDO, NM	<u>4 8831</u>	<u>1-0898</u>	·	Pho	one no 575-43		
							Form 9 !	90-PF	" (2011

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

85-0466070 ROBERT W. HAMILTON FOUNDATION Organization type (check one) Filers of Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total 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, chantable, etc., purposes, but these contributions did not total 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, chantable, 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 its Form 990, or check the box on line H of its Form 990-EZ or on Part I, 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)

Page 1 of 1 of Part I

Name of organization ROBERT W. HAMILTON FOUNDATION Employer identification number 85-0466070

Part i	Contributors (see instructions) Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROLLOVER IRA BANK 34 500E. TENTH STREET ALAMOGORDO NM 88310	\$ 80,525	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROLLOVER IRA EDWARD JONES 201 PROGRESS PARKWAY MARYLAND HEIGHTS MO 63043	\$ 550,586	Person X Payroll
(a)	(b)	(c)	(d)
3	Name, address, and ZIP + 4 ESTATE OF ROBERT W. HAMILTON PO BOX 898 ALAMOGORDO NM 88311	Total contributions \$ 1,098,036	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	· (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

30453 ROBERT W. HAMILTON FOUNDATION 85-0466070

Federal Statements

FYE: 12/31/2011

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

axes
_
<u>∞</u>
-
Line
Part
1 990-PF, Part
Form 9
•
7
Statement

Description		Total	Net Investment	Adjusted Net	Charitable Purpose
PROPERTY TAXES	৵	1,023	S.	w.	W
TOTAL	₩.	1,023	w O	\$	\$

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

	1			Net	Adjusted	2	Charitable
Description	<u> </u>	lotal	Inves	Investment	Net		Purpose
	₩		₩		৵		₩
EXPENSES							
PEES		30					
TOTAL	₩	30	₩	0	\$	0	\$

2				0	1			
11/13/2012	•	Fair Market Value	(0)	PMY PMY		Fair Market Value	O	
	Investments	Basis of Valuation	pment Investments	End Accumulated Depreciation	ments	Basis of Valuation		
ments	Part II, Line 10b - Corporate Stock Investments	End of Year \$ 434,000	, Line 11 - Land, Building, and Equipment Investments	End Cost / Basis \$ 527,000 \$ 527,000	Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments	nd of ear	\$ 1,164,234	
Federal Statements	0-PF, Part II, Line 10	Beginning of Year \$ 434,000	Part II, Line 11 - Land	Beginning	rm 990-PF, Part II, L	Beginning of Year	O W	
ON FOUNDATION	Statement 4 - Form 990-PF,		- Form 990-PF,		Statement 6 - Fo			
ROBERT W. HAMILTON FOUNDATION 6070 2/31/2011	<u>\$</u>	Description COMMON STOCK OTAL	Statement 5	Des		Description	'AL	
30453 ROBERT 85-0466070 FYE: 12/31/2011		AFC - COMM TOTAL		LABORCITA	i.	EDWARD JONES	TOTAL	

30453 ROBERT W. HAMILTON FOUNDATION

85-0466070

FYE: 12/31/2011

Federal Statements

Statement 7 - Form 990-PF, Part II, Line 15 - Other Assets

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

11/13/2012

30453 ROBERT W. HAMILTON FOUNDATION
85-0466070 Federal Statements

11/13/2012

FYE: 12/31/2011

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 8 - 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

α
$\overline{}$
0
S
\approx
~
_
$\overline{}$
$\overline{}$

30453 ROBERT W. HAMILTON FOUNDATION

Federal Statements

85-0466070 FYE: 12/31/2011

Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address	SS	1	
Address	Relationship	Status	Purpose	Amount
IB	PO BOX 3357		מדנוסמג זכוויסט	000 1
ALAMOGORDO NM 88311 MATTHEW SCHAIK	NONE 28 CAMINO VALLE VERDE	3 VERDE	SCHOLARSHIF	7
NM 88310	NONE		SCHOLARSHIP	1,000
	PO BOX 987		GTH206.TOH28	005
AARON TATE CAPPS	NOME 80 YOUNG SPRING RD	3 RD		
M 88317	NONE		SCHOLARSHIP	750
000	623 RITA ROAD		SCHOLARSHID	750
	PO BOX 1279			
88317			SCHOLARSHIP	200
	39 CIELO MONTANO	NO NO		1
110			SCHOLARSHIP	750
	PO BOX 326		מדווס מיג דסווס מי	L COR L
/Τ,	\$00		SCHOLARSHIP	999
WILLIAM A. PROVENCHER	NONE		SCHOLARSHIP	2,000
	PO BOX 1157			
IM 88317	NONE		SCHOLARSHIP	1,000
EMILY ANN LARSON	1602 WASHINGTON AVE	N AVE		1
-			SCHOLARSHIP	1,500
STONE	2801 PONTIAC DR	ഷ		6
188310	ķ		SCHOLARSHIP	T,000
NATASHA ANN STOPA	IS/ LA LUZ GAIE NONE	F RU	SCHOLARSHIP	2,000
) 	2311 ROLLAND AVENUE	VENUE		
O NM 88310	NONE		SCHOLARSHIP	2,000
	738 AGUA CHIQUITA ROAD	ITA ROAD		•
NM 88347	NONE	ŗ	SCHOLARSHIP	000'T
COUKINEY MESSER ATAMOGORDO NM 88310		ų O	SCHOLARSHIP	1,000
	2324 CAMINO DEL REY	L REY		
188310	NONE		SCHOLARSHIP	1,500

α
$\overline{}$
0
2
$\tilde{\omega}$
T
$\overline{}$
_

30453 ROBERT W. HAMILTON FOUNDATION

Federal Statements

FYE: 12/31/2011

85-0466070

Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

2,000 2,000 1,000 1,000 1,000 2,000 1,500 1,000 500 750 750 2,000 Amount Purpose SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP PO BOX 494 #6 COTTAGE ROW Status 3609 BASSWOOD DRIVE 26 MT JOY ESTATES Address 1201 MAPLE DRIVE PO BOX 3357-BRS 1404 WEST THIRD 17 BULL ELK RUN 1515 GRANADA 1204 SCENIC PO BOX 1095 PO BOX 1157 PO BOX 984 Relationship NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE ARTHUR GALINDO TILLBROOK ALAMOGORDO NM 88310 ALAMOGORDO NM 88310 ALAMOGORDO NM 88310 CLOUDCROFT NM 88317 ALAMOGORDO NM 88310 HIGH ROLLS NM 88325 CLOUDCROFT NM 88317 CLOUDCROFT NM 88317 ALAMOGORDO NM 88311 TULAROSA NM 88352 STEPHANIE MARIE BROWN MAYHILL NM 88339 Address RYAN DANIEL LURTSEMA Name KIRA BRITTANY DAVIS LYLE THOMAS DANLEY ALEX BLAIR CARTER NICA ELENA TAYLOR JONATHAN A CALLES SHAWNEE RAE HOYT SHELBY MANFORD BRANDI HOLCOMB JACOB GOWER

750

SCHOLARSHIP

SCHOLARSHIP

56 TRADING POST

7 VAQUERO ROAD

NONE

NONE

CLOUDCROFT NM 88317

COLLIN SCOTT SMITH

CLOUDCROFT NM 88317

TULAROSA NM 88352

KATY ANN FAGAN

ZACHARY DAVIS VIRDEN

TULAROSA NM 88352

PO BOX 177

NONE

NONE

SCHOLARSHIP

750

500

SCHOLARSHIP

				•
11/13/2012		Amount	37,250	
ents	ts and Contributions Paid During the	Purpose		
DUNDATION Federal Statements	Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	Address Relationship Status		
30453 ROBERT W. HAMILTON FOUNDATION 85-0466070 FYE: 12/31/2011	Statement 9 - I	Name	TOTAL	

30453 ROBERT W. HAMILTON FOUNDATION 11/13/2012 **Federal Statements** 85-0466070 FYE: 12/31/2011 **Taxable Interest on Investments** Unrelated US **Exclusion Postal** Description Business Code Code Code Obs (\$ or %) Amount BANK '34 58,035 TOTAL \$ 58,035 **Taxable Dividends from Securities** Unrelated Exclusion Postal US Business Code Code Code Obs (\$ or %) Description Amount ALAMOGORDO FINANCIAL CORP 7,650 7,650 TOTAL

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part and check this box

Y

OMB No 1545-1709

•	e filing for an Additional (Not Automatic) 3-Month Explete Part II unlessyou have already been granted an a	•		•			
Electron - £	there (a file) Very see plantage all. file Ferry 2000 for		and a stampton at the state of	·	.		
	iling (e-file). You can electronically file Form 8868 if you						
	required to file Form 990-T), or an additional (not auton est an extension of time to file any of the forms listed in l	· ·		-	11)		
•	ansfers Associated With Certain Personal Benefit Contra		•				
	For more details on the electronic filing of this form, visi						
Part I	Automatic 3-Month Extension of Time.			onpronts			
	required to file Form 990-T and requesting an automati						
Part I only	required to life Form 550 Faind requesting an adjoinant	o mommo.	Alcoholor officer this box and demplete			▶ □	
•	orations (including 1120-C filers), partnerships, REMICs	and trusts	must use Form 7004 to request an exten	sion of tir	ne		
to file income		s, and tracto	mast add i sim i dd i to request air exteri	0.011 01 1			
			Enter filer	s identif	ying number, see	instructions	
Type or	Name of exempt organization or other filer, see instr	uctions			yer identification numb		
print	3				,	(4.1.7)	
File by the	ROBERT W. HAMILTON FOUNDA	TION		X 85	-0466070		
due date for	Number, street, and room or suite no. If a P.O. box,		ons		security number (SSN	()	
filing your	P O BOX 898				,	,	
return See instructions	City, town or post office, state, and ZIP code. For a f	foreign addre		1			
Enter the Ret	urn code for the return that this application is for (file a s					04	
		т	, , , , , , , , , , , , , , , , , , ,				
Applicatio	n	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation) 07				
Form 990-E	BL	02	Form 1041-A 08				
Form 990-E	Z	01	Form 4720 09				
Form 990-F	PF	04	Form 5227 10				
Form 990-1	(sec 401(a) or 408(a) trust)	05	Form 6069 11				
Form 990-1	(trust other than above)	06	Form 8870			12	
	MARION LEDFORD						
	115 S FLORIDA SUITE E	2					
 The books 	are in the care of ALAMOGORDO				NM 883	10	
· ·	e No ▶ 575-437-5573		▶ 575-437-2513			. \square	
_	anization does not have an office or place of business in					▶ 📙	
 If this is for 	or a Group Return, enter the organization's four digit Gr			his is			
	group, check this box If it is for part of	the group, c	neck this box	:h			
	names and EINs of all members the extension is for						
-	st an automatic 3-month (6 months for a corporation rec	•					
	$08/15/12^\circ$, to file the exempt organization return	n for the orga	inization named above. The extension is				
	organization's return for						
► X	calendar year 2011 or						
. \square							
▶ 📋	tax year beginning , and ending						
2 If the ta	ax year entered in line 1 is for less than 12 months, chec	k reason	Initial return Final return				
	Change in accounting period						
3a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter t	he tentative tax, less any				
	undable credits. See instructions			3a	\$	0	
b If this a	pplication is for Form 990-PF, 990-T, 4720, or 6069, en	ter any refur	ndable credits and	1			
estimat	ted tax payments made Include any prior year overpayr	ment allowed	l as a credit	3b	\$	1,200	
c Balanc	ce due. Subtract line 3b from line 3a Include your paym	ent with this	form, if required, by using			_	
	(Electronic Federal Tax Payment System) See instruc			3с	\$	0	
Caution. If yo	ou are going to make an electronic fund withdrawal with	this Form 88	368, see Form 8453-EO and Form 8879-	EO for pa	yment instructions		

	08/13/2012						-	
	8868 (Re	v. 1.2012\					Page 2	
• Form 8868 (Rev 1-2012) • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part land check this box ▶ ▼ ■ Form 8868 (Rev 1-2012)								
	•	plete Part II if you have already been granted an auto		•	8868		- =	
	•	ing for an Automatic 3-Month Extension, complete		• •	0000			
	rt II	Additional (Not Automatic) 3-Month Ex			conies	needed)		
	, , , ,	Traditional (Not Tratomatio) o month Ex				ying number, se	e instruction	
Туре	or	Name of exempt organization or other filer, see instr	T	Employer identification number (EIN) or				
print		them of ordings organization or dutal many document						
F 1		ROBERT W. HAMILTON FOUNDA	TION		X 85-0466070			
File by the Number street and room or suite no. If a P.O. box s						Social security number (SSN)		
	due date for P O BOX 898							
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions								
instruct	tions		88311					
Enter	the Return	n code for the return that this application is for (file a s	eparate app	olication for each return)			04	
Application			Return	Application		Return		
Is For			Code	Is For			Code	
Form 990			01					
Form 990-BL			02	Form 1041-A			08	
Form 990-EZ			01	Form 4720			09	
Form 990-PF			04	Form 5227				
Form 990-T (sec 401(a) or 408(a) trust)			05	Form 6069		<u> </u>	11	
Form 990-T (trust other than above)				Form 8870			12	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MARION LEDFORD 115 S FLORIDA SUITE E • The books are in the care of ► ALAMOGORDO, NM 88310								
Telephone No ► 575-437-5573 FAX No ► 575-437-2513								
• If the organization does not have an office or place of business in the United States, check this box								
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is								
				· · · 	attach a			
	•	nes and EINs of all members the extension is for	or the group	, shock the box	anaon a			
			/15/19					
4 5	I request an additional 3-month extension of time until 11/15/12 For calendar year 2011, or other tax year beginning, and ending							
0	6 If the tax year entered in line 5 is for less than 12 months, check reason							
7	Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER ALL INFORMATION TO FILE A COMPLETE							
	RETU	RN						
8a	If this app	olication is for Form 990-BL, 990-PF, 990-T, 4720, or	5069, enter t	he tentative tax, less any				
nonrefundable credits See instructions					8a	\$		
b	If this app	lication is for Form 990-PF, 990-T, 4720, or 6069, en	ter any refur	ndable credits and				
estimated tax payments made Include any prior year overpaym			nent allowed	as a credit and any				
	amount paid previously with Form 8868				8b	\$		
С	Balance	due. Subtract line 8b from line 8a Include your paym	ent with this	form, if required, by using EFTPS				
	(Electroni	c Federal Tax Payment System) See instructions		· · · · · · · · · · · · · · · · · · ·	8c	\$		
		Signature and Verific	ation mus	st be completed for Part II only	/ .			

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Allen Almalia

Title ▶ CPA

Date **D** 08/13/12

Form **8868** (Rev 1-2012)