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Form **990-PF**Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052
2014
Open to Public Inspection

For calendar year 2014 or tax year beginning and ending Name of foundation A Employer identification number The Rawson Family Foundation 26-0970760 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number PO Box 147 (505) 644-3499 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 88004 Las Cruces, NM G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination, Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 7,390. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (b) Net investment (c) Adjusted net (d) Disbursements (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes expenses per books income income (cash basis only) 27,500. 1 Contributions, gifts, grants, etc., received N/A2 Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1 Statement 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 RECEIVLL b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) (1) \bigcirc 8 Net short-term capital gain 2015 0-YAM 9 Income modifications 10a Gross sales less return b Less Cost of goods sold c Gross profit or (loss) 11 Other income 27,501 1 12 Total. Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees Stmt 2 1,444. 0 **b** Accounting fees 0. c Other professional fees and Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 143. Ō. Stmt 3 0. 24 Total operating and administrative 1.587 0 expenses. Add lines 13 through 23 24,752 25 Contributions, gifts, grants paid 24,752. 26 Total expenses and disbursements. 26,339 0 Add lines 24 and 25 <u>24,752.</u> 27 Subtract line 26 from line 12: 1,162. 2 Excess of revenue over expenses and disbursements 3 1 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

	ribe the kind(s) of property sold (e arehouse; or common stock, 200 s			(b) How acquire P - Purchase D - Donation	d (c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>							
b NO	NE						
<u>c</u>							
<u>d</u>							
e (e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		l	(h) Gain or (loss (e) plus (f) minus	
a		 					
b							
C							
d							
_e		<u> </u>					
Complete only for assets shown	ng gain in column (h) and owned b	y the foundation	on 12/31/69			ains (Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		COI. (K	i), but not less tha losses (from col.	n -U-) or (h))
_a		<u> </u>					
<u>b</u>							
<u>c</u>							
<u>d</u>		_					
<u>e</u>	<u> </u>						
2 Capital gain net income or (net ca	apital loss) { If gain, also entarticles}	ter in Part I, line i -0- in Part I, line	7 7	} 2			
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5)	and (6):					
If gain, also enter in Part I, line 8,		` ,		}			
If (loss), enter -0- in Part I, line 8	1040()(] 3]			
(For optional use by domestic private	Inder Section 4940(e) fo				inco	me	
If section 4940(d)(2) applies, leave to Was the foundation liable for the section and the foundation does not quarter than the foundation does not quarter that the foundation does not quarter than the foundation does not quarter that the foundation does not quarter that	stion 4942 tax on the distributable a	complete this pa	rt				Yes X No
1 Enter the appropriate amount in		instructions bei	ore making any en			<u> </u>	(d)
(a) Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying d	listributions	Net value of non	(c) charitable-use a	ssets	Dıstrı (col. (b) dı	(d) bution ratio vided by col. (c))
2013		33,892.			<u>549.</u>		9.549732
2012		26,624.			<u>597.</u>		10.251829
2011		<u>29,614.</u>			090.		9.583819
2010		35,990.			299.		10.909366
2009		227.		4,4	<u> 467.</u>	· · · · · · · · · · · · · · · · · · ·	.05081
2 Total of line 1, column (d)						2	40.345563
3 Average distribution ratio for the the foundation has been in existe	· ·	al on line 2 by 5,	or by the number o	of years		3	8.069113
4 Enter the net value of noncharital	ble-use assets for 2014 from Part)	K, line 5				4	2,684
5 Multiply line 4 by line 3						5	21,657
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6	0
7 Add lines 5 and 6	•					7	21,657
8 Enter qualifying distributions froi	n Part XII. line 4					8	24,752
	n line 7, check the box in Part VI, III	ne 1b, and comp	lete that part using	a 1% tax rate.			

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_	1990-PF (2014) The Rawson Family Foundation		<u>09707</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ins	stru	ctio	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		ł			
`	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		{			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔀 and enter 1%	1				0.
	of Part I, line 27b	1	{			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1	}			
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	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5_				0.
6	Credits/Payments:	1	ł			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a		ł			
b	Exempt foreign organizations - tax withheld at source	_	ł			
C	Tax paid with application for extension of time to file (Form 8868)		İ			
d	Backup withholding erroneously withheld 6d	_	ĺ			
7	Total credits and payments. Add lines 6a through 6d	7_				0.
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				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_10_		_		
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax					
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 participate or interver	e in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n)?) —	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	,				
	distributed by the foundation in connection with the activities.		ĺ	- 1		
C	Did the foundation file Form 1120-POL for this year?		Ì	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			-		_ <u></u> _
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0]	ļ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
	managers. ► \$ 0.			ı		
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	ļ			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		ľ	3		_x_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N		4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		' -	5		X
	If "Yes," attach the statement required by General Instruction T.		ļ	-		
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 of the state	te law	}	}		
	remain in the governing instrument?		ł	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part >	ν	<u> </u>	7	X	_ _
	, , , , , , , , , , , , , , , , , , , ,	•		•		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		İ	İ		
	NM			ſ		
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1		
-	of each state as required by General Instruction G? If "No," attach explanation		١,	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	lendar		-	- 41	
•	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	ioriual	}	9		<u>x</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<u> </u>	10		$\frac{\Delta}{X}$
_	1 105, stated a solication insting their halfies and addresses			. 🗸		

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rm Par	7 WI-A Statements Regarding Activities (continued)			
1 al	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		<u>X</u>
10	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
12	If "Yes," attach statement (see instructions)	12		_X_
10	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	
ıo	Wahaita addraga N / A			
1.4	The backs are in care of N. Toan M. Rawson leignning no. \(\sigma_{\sigma} \)	644		<u>99</u>
14	Located at PO Box 147, Las Cruces, NM ZIP+4 >88	<u> 3004</u>		
15	Section 4947(a)(1) ponexempt 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	N	/A_	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	1
	equivities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	· · · · · · · · · · · · · · · · · · ·			L
Pa	rt VII-B Statements Regarding Activities for Which Form 4/20 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	162	140
1a	During the year did the foundation (either directly or indirectly):		ļ.	l
	(1) Engage in the sale or exchange, or leasing of property with a disqualitied person			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No			ļ
	a disqualified person?			ł
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person.			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person:	-		
	(5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			1
	If the foundation agreed to make a grant to or to employ the official for a period after Yes X No	1		
	termination of dovernment service. If terminating within 50 days.)	ŀ		
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A	1b	İ	
	Section 53.494 I(a)-3 of it a current notice regarding disaster assistance (see means)			
	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	c. Did the foundation engage in a prior year in any of the acts described in 1a, other than one-pass date, many of the transport in 20142	1c	<u> </u>	X
	before the first day of the tax year beginning in 2014? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			ļ
2	Taxes on failure to distribute income (section 4342) (does not apply for yours me tourism and 40.42(1/5));			
	defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		Ì	
	before 2014?	1	1	
	16 Non * list the years		Ì	i
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		-	
	valuation of accets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer no and attach			
	statement - see instructions.)	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			1
	• · · · · · · · · · · · · · · · · · · ·	İ		
:	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			1
	Larvage did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after		1	
	May 26, 1960: (3) the lanse of the 5-year period (or longer period approved by the Commissioner under section 4945(c)(7)) to dispose		1	
	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,	0.		
	Form 4720, to determine if the foundation had excess business holdings in 2014)	3b		$\frac{1}{x}$
	4. Did the foundation invest during the year any amount in a manner that would leopardize its charitable purposes?	4a	4-	$+^{\wedge}$
	b. Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	41	\Box	X
	had not been removed from jeonardy before the first day of the tax year beginning in 2014?	Form 9	_	

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	Ye	es X No			
` (2) Influence the outcome of any specific public election (see section 4955); of					
any voter registration drive?	Ye	es X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	Y6	es X No	ĺ		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		☐ Ye	es X No	ľ	Ì
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	_		ľ	Ì
the prevention of cruelty to children or animals?	, •. ••-••, •.		es X No	Ì	Ì
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i			ľ	
section 53.4945 or in a current notice regarding disaster assistance (see instru	·	an riogaidheile	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•			-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined			ĺ
expenditure responsibility for the grant?		i/A □ Y€	es No		
		I/A I	3 NO		i
If "Yes," attach the statement required by Regulations section 53.494	•				İ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	[es X No	ł	ŀ
a personal benefit contract?		Ye		<u>,</u>	77
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u> -	6b	X
If "Yes" to 6b, file Form 8870.			[]	1	}
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attribute.				7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	ınagers, Highl	y		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		La Composition	(4) 0		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	Expense count, other
(a) Namo and address	to position	(If not paid, enter -0-)	compensation	a	llowances
Joan M. Rawson	President		ŀ	1	
PO Box 147		ļ	•]	
Las Cruces, NM 88004	0.50	0.	0.	<u> </u>	0.
George B. Rawson	Secretary			1	
PO Box 147		1	,)	
Las Cruces, NM 88004	0.50	0.	0.	<u> </u>	0.
Leonard Lee Rawson	Treasurer				
PO Box 147]	1	})	
Las Cruces, NM 88004	0.50	0.	0.)	0.
	1			Ì	
	1			İ	
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."	L	<u> </u>	
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(6	Expense count, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	aċ	count, other Illowances
NONE	devotes to position		Compensation		inowanious_
1101112	-			1	
	 	 		├	
	1	1		1	
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	4	1		1	
	 	 	 		
	4	(-	
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	-	(1	1	
	L	<u> </u>	1	L	
Total number of other employees paid over \$50,000					0

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	on Managers, Highly		- · · -
3 Five highest-paid independent contractors for professional services. If none, enter			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Co	mpensation
NONE			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	ced, etc.	Expens	es
1 Donations to various charities including comm groups	nunity outreach	1	.,587.
2			_
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lift N/A	nes 1 and 2.	Amour	ot
2			
All other program-related investments. See instructions. 3			
Total, Add lines 1 through 3			0.

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The Rawson Family Foundation

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions.)
1 `Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	rage monthly fair market value of securities	1a	0.
	rage of monthly cash balances	1b	0. 2,725.
	market value of all other assets	1c	
	al (add lines 1a, b, and c)	1d	2,725.
	uction claimed for blockage or other factors reported on lines 1a and		
	attach detailed explanation) 1e 0.		
	uisition indebtedness applicable to line 1 assets	2	0.
	tract line 2 from line 1d	3	2,725.
4 Cas	h deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	41.
	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,684.
	imum investment return. Enter 5% of line 5	6	134.
Part		id certain	
1 Min	imum investment return from Part X, line 6	1	134.
	on investment income for 2014 from Part VI, line 5		
	ome tax for 2014. (This does not include the tax from Part VI.)		
	lines 2a and 2b	2c	0.
	ributable amount before adjustments. Subtract line 2c from line 1	3	134.
	overies of amounts treated as qualifying distributions	4	0.
	lines 3 and 4	5	134.
	uction from distributable amount (see instructions)	6	0.
	ributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	134.
Part			
1 Am	ounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а Ехр	enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	24,752.
b Pro	gram-related investments - total from Part IX-B	1b	0.
2 Am	ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Am	punts set aside for specific charitable projects that satisfy the:		
a Sur	ability test (prior IRS approval required)	3a	
b Cas	h distribution test (attach the required schedule)	3b	
	lifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	24,752.
	ndations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ome. Enter 1% of Part I, line 27b	5	0.
	usted qualifying distributions. Subtract line 5 from line 4	6	24,752.
-	e. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the	
	4940(e) reduction of tay in those years		

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	·			134.
line 7				
2 Undistributed income, if any, as of the end of 2014			0.	
a Enter amount for 2013 only				
b Total for prior years:		0.		
· · · · · · · · · · · · · · · · · · ·				
3 Excess distributions carryover, if any, to 2014:		ľ	•	
a From 2009 4. h From 2010 35,825.				
00 450				
06 404				
22 11 1	1			
C110111 20 10	125,497.			
f Total of lines 3a through e	123/13/			
4 Qualifying distributions for 2014 from Part XII. line 4: ▶\$ 24,752.				
1 4,17,11,111			0.	
a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior				
		0.		
years (Election required - see instructions) c Treated as distributions out of corpus				
(Election required - see instructions)	0.		l	
d Applied to 2014 distributable amount				134.
e Remaining amount distributed out of corpus	24,618.			
	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:	150 115			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	150,115.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b			•	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0	•	
e Undistributed income for 2013. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.				· <u> </u>
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2015				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	^			
may be required - see instructions)	0.	<u> </u>		
8 Excess distributions carryover from 2009	A			
not applied on line 5 or line 7	4.			
9 Excess distributions carryover to 2015.	150 111			
Subtract lines 7 and 8 from line 6a	150,111	+		
10 Analysis of line 9:				
a Excess from 2010 35,825.		1		
b Excess from 2011 29, 459.				
c Excess from 2012 26, 494.				
d Excess from 2013 33,715.	-			
e Excess from 2014 24,618.				Form 990-PF (2014

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 2014, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 2 a Enter the lesser of the adjusted net Tax year Prior 3 years	990-PF (2014) The Raws	on Family	Foundation	(II A avecation D)		970760 Page
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	Check here 🕨 🗓 if the foundation on	ly makes contributions	to preselected charitab	e organizations and does	s not accept unsolicited rec	quests for funds. If
a The name, address, and telephone number of e-mail address of the person to whom applications should be addressed:						iiu u.
	ne name, address, and telephone numbe	er or e-mail address of t	the person to whom ap	DIICAUONS SNOUIG DE AGG	ressea:	
b The form in which applications should be submitted and information and materials they should include:	he form in which applications should be	submitted and informa	tion and materials they	should include:		
c Any submission deadlines:	Any submission deadlines:					
						·
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:	Any restrictions or limitations on awards,	such as by geographic	al areas, charitable field	s, kınds of institutions, d	or other factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year Campus Crusade for Christ - NMSU 501(c)(3) Church None P.O. Box 628222 Orlando, FL 32862-8222 2,400. Casa de Peregrinos None 501(c)(3) To Feed the Hungry 999 W Amador Ave #F 2,000. Las Cruces NM 88005-2739 Compassion 501(c)(3) Church None None Colorado Springs CO 80997 3,002. 501(c)(3) First Presbyterian Church None Church 200 E. Boutz Rd Las Cruces, NM 88005 2,000. Gospel Rescue Mission None 501(c)(3) To Feed the Hungry P.O. Box 386 2,000. Las Cruces NM 88004 See continuation sheet(s) **▶** 3a Total_ 24,752. b Approved for future payment None **▶** 3b Total Form 990-PF (2014)

Part XVI-A **Analysis of Income-Producing Activities**

The Rawson Family Foundation

Entèr gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
entor groos amounts amoss outer mos maloures.	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
	- 3005				
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· · · · · · · · · · · · · · · · · · ·			├		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments					} -
3 Interest on savings and temporary cash	1		۱.,	_	
investments			14	1.	
4 Dividends and interest from securities	L	·			
5 Net rental income or (loss) from real estate:			<u> </u>		
a Debt-financed property			<u> </u>		
b Not debt-financed property					
6 Net rental income or (loss) from personal	1 [1		
property	1		<u>. </u>		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	1	ll			
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
]				
a	<u> </u>		 		
b				 	
·			├		
d			 		
e				1	
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12 Subtotal. Add columns (b), (d), and (e)		0.	L		<u> </u>
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.	<u> </u>	13 _	0.
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12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which incompared to the columns of the columns	me is reported	omplishment of Ex	(emp	t Purposes	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which incompared to the columns of the columns	me is reported	omplishment of Ex	(emp	t Purposes	

The Rawson Family Foundation 26-0970760 Form 990-PF (2014) Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A May the IRS discuss this return with the preparer shown below (see instr.)? and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Here X Yes Signature of officer or trustee Title Check [PTIN Print/Type preparer's name Preparer's signature self- employed Karen Urbielewicz Paid P00228679 **Preparer** Firm's name ► Urbielewicz, Murphree Firm's EIN $\triangleright 85 - 0450765$ **Use Only**

Firm's address ► 4940 Corrales Road Suite 200 Corrales, NM 87048

Form 990-PF (2014)

Phone no. (505) 897-7382

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2014

Employer identification number Name of the organization The Rawson Family Foundation 26-0970760 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** Tor an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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 its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Rawson Family Foundation

26-0970760

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Joan M. Rawson P.O. Box 147 Las Cruces, NM 88004	\$26,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	George Rawson P. O. Box 1286 Las Cruces, NM 88004	\$1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

The Rawson Family Foundation

26-0970760

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
3453 11-05-1	,		(

Employer identification number

The Ra	wson Family Foundation			26-0970760			
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c	olumns (a) through (a) and the follow	wing line entry. For organization	ne			
	completing Part III, enter the total of exclusively religious	, charitable, etc , contributions of \$1,000 or	less for the year (Enterthis info onci	s) ► \$			
(a) No.	Use duplicate copies of Part III if additiona	al space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
}							
<u> </u>		(a) Tuenday of aif					
		(e) Transfer of gif					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
l							
1							
(a) No.			/ " -				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
							
Γ	(e) Transfer of gift						
1							
 -	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee			
]							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Parti							
}-		(a) Transfer of gif					
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
1							
}							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(a) D	cription of how gift is held			
Part I	(b) Furpose of gift	(c) Use of gift	(d) Desc				
							
Γ		(e) Transfer of gif	ft				
	Tunnafana la saura addica a	.J 71D . 4	Dalationahin after				
}	Transferee's name, address, ar	10 ZIP + 4	Helationship of tra	nsferor to transferee			
1	_						

The Rawson Family Foundation

26-0970760

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.			- <u> </u>
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Mesilla Valley Hospice	None	501(c)(3)	To help with Hospice	
229 E. Montana Las Cruces, NM 88001			care	25
NMSU Foundation Inc.	None	501(c)(3)	to support the	
P.O. Box 3590			university's land	
Las Cruces, NM 88003-9970			grant mission of	
		1	teaching, research and	
	 		butreach	5,10
Santa Teresa Presbyterian Church	None	501(c)(3)	Church	
P.O. Box 632 Santa Teresa, NM 88008				6,00
30.00				
The Salvation Army	None	501(c)(3)	To Feed the Hungry	
P.O. Box 1423				
Las Cruces, NM 88004-1423				2,00
		j		
		<u> </u>		
	1			
				
				
Total from continuation sheets				13,35

Form 990-PF Interest on Sav	ings and Tem	porary	Cash Ir	vestments	Statement	1
Source	Reve	(a) Revenue Per Books		(b) vestment come	(c) Adjusted Net Income	
Interest Income		1.		1.		-
Total to Part I, line 3		1.		1.		
Form 990-PF	Accounti	ng Fees			Statement	2
Description	(a) Expenses Per Books		vest-	(c) Adjusted Net Incom		
Accounting Fees	1,444.	·	0.			0.
To Form 990-PF, Pg 1, ln 16b	1,444.		0.			0.
Form 990-PF	Other E	xpenses			Statement	3
Description	(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Incom		
Office Supplies Postage	133.		0.			0.
To Form 990-PF, Pg 1, ln 23	143.		0.			0.