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Form **990-PF**

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.

OMB No 1545-0052

2015
Open to Public Inspection

Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2015 or tax year beginning , and ending Name of foundation A Employer identification number 26-0970760 The Rawson Family Foundation 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 Las Cruces, NM 88004 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 X 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 Accruat F 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 1,561. (Part I, column (d) must be on cash basis) **\$** Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 14,309 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 2 2 Statement 4 Dividends and interest from securities 5a Gross rents SCANTIED WAR 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) Net short-term capital gain 1036 Income modifications Gross sales less returns 3 10a and allowances b Less Cost of goods sold () c Gross profit or (loss) 11 Other income 1 14.311 2. 12 Total Add lines 1 through 11 0 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits IRS OCC 16a Legal fees 1,537 0. Stmt 2 0. **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 11 0. Stmt 3 0. 23 Other expenses 24 Total operating and administrative 1,548 0 0. expenses. Add lines 13 through 23 18,592 18,592. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 20,140 0 18,592. Add lines 24 and 25 27 Subtract line 26 from line 12: -5,8298 Excess of revenue over expenses and disbursements 2. b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

N/A

Beginning of year

The Rawson Family Foundation

26-0970760

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		on Family F						2	6-097	0760	Page 3
(a) List and desc	ribe the kind	(s) of property sold (e.g. common stock, 200 shs	., real estate,	moonic	(b) Ho	ow acq Purcha Donati	uired ase on		acquired ay, yr.)	(d) Da (mo., d	
1a		·									
b NO	NE										
<u>d</u>					 	-					
e	(5) Dos	argainting allowed	(a) Cos	ut ar ather bears	Ь			/L) O	()		
(e) Gross sales price		oreciation allowed or allowable)		st or other basis xpense of sale					aın or (loss) s (f) mınus (
a		•		•	+			(-/			
b					_		_		-·· - <u></u> -		
C											
d											
e											•
Complete only for assets shown	ng gain in co	umn (h) and owned by t	the foundation	on 12/31/69					ol. (h) gain i		
(i) F M.V. as of 12/31/69		Adjusted basis s of 12/31/69	, , , ,	cess of col. (I) col. (J), if any			COI.	(k), but r Losses	not less than (from col. (f	-0-) or 1)) 	
<u>a</u>									***		
b											
<u>C</u>											
d e			-								
<u> </u>			D	-	\neg						
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter { If (loss), enter -0-			}	2					
3 Net short-term capital gain or (lo		d in sections 1222(5) an	d (6):								
If gain, also enter in Part I, line 8,					 						
If (loss), enter -0- in Part I, line 8 Part V Qualification U		ction 4940(e) for	Reduced	Tax on Net	Inve	stme	ent Inc	ome			
(For optional use by domestic privati											
		•	io io(u) iun oii	not invocation in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
If section 4940(d)(2) applies, leave t	his part blani	(.									
Was the foundation liable for the sec	tion 4942 tax	on the distributable am	ount of any ye	ar in the base per	od?					Yes	X No
If "Yes," the foundation does not qua											
Enter the appropriate amount in	each column	for each year; see the ir	nstructions bei	fore making any e	ntries.					(4)	
(a) Base period years	,	(b) Adjusted qualifying dist	tributions	Net value of no	(C)	ahla_uc	en accete		Dıstrıbı (col. (b) dıvı	ntion ratio	
Calendar year (or tax year beginni	ng in)			Net value of no	Попап				(col. (b) divi		
2014 2013	-		4,752. 3,892.				,684 ,549				$\frac{22057}{40722}$
2013			6,624.	· · · · · · · · · · · · · · · · · · ·			,549				<u>49732</u> 51829
2011			9,614.				,090				83819
2010			5,990.				,299				09366
		· -					-				
2 Total of line 1, column (d)								2		49.5	16803
3 Average distribution ratio for the	5-year base (period - divide the total c	on line 2 by 5,	or by the number	of year	rs					
the foundation has been in existe	nce if less th	an 5 years						3		9.9	<u>03361</u>
4 Enter the net value of noncharitat	ole-use asset	s for 2015 from Part X, I	line 5					4			303.
- M h - h - h										2	001
5 Multiply line 4 by line 3								5		3	<u>,001.</u>
6 Enter 1% of net investment incor	ne (1% of Pa	rt I, line 27b)						6			0.
	,	, ,									
7 Add lines 5 and 6								7		3	,001.
8 Enter qualifying distributions from	n Part XII, lin	e 4						8		18	,592.
If line 8 is equal to or greater than	n line 7, chec	k the box in Part VI, line	1b, and comp	lete that part usin	g a 1%	tax rat	e.				
See the Part VI instructions.							_				
523521 11-24-15									F	orm 990-	PF (2015)

_	1990-PF (2015) The Rawson Family Foundation		0970			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	ictioi	ns)
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)					_
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1				<u>0.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		ļ			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>			<u>0.</u>
	Add lines 1 and 2	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	ľ			0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
	Credits/Payments:					
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a	-				
	Exempt foreign organizations - tax withheld at source	-				
	Tax paid with application for extension of time to file (Form 8868)	-				
	Backup withholding erroneously withheld	┪_				^
	Total credits and payments. Add lines 6a through 6d	7				<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	ļ .			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9_				0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	İ			
	Enter the amount of line 10 to be: Credited to 2016 estimated tax Int VII-A Statements Regarding Activities Refunded	11				
					Yes	No
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e m		40	163	
L	any political campaign?	n/0		1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	iea or				
	distributed by the foundation in connection with the activities			۱		v
	Did the foundation file Form 1120-POL for this year?			1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.					
_	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
0	managers. \$ \$			2		х
2	If "Yes," attach a detailed description of the activities			-		
,	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	05				
v	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	OI .		3		x
12	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	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	- 1	.,	5	-	X
٠	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:					
Ī	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 sta 	te law				
	remain in the governing instrument?			6		х
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 X	ν		7	Х	
•	(-y), and the contract of the					
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 ca	lendar				
	year 2015 or the taxable year beginning in 2015 (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	_	x

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	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	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	;?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or t	for			
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	ın Regulatıons			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ıctıons)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ıned		1	
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		Ĺ	6b X	
If "Yes" to 6b, file Form 8870					_
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/		
List all officers, directors, trustees, foundation managers and their	compensation.				_
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, othe	}
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	account, othe	31
Joan M. Rawson	President				_
PO Box 147	1				
as Cruces, NM 88004	0.50	0.	0.	o	
	Secretary				_
PO Box 147] _				
as Cruces, NM 88004	0.50	0.	0.	0	
Leonard Lee Rawson	Treasurer				_
PO Box 147]				
as Cruces, NM 88004	0.50	0.	0.	0	•
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4) 0	r	
(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, othe allowances	er
NONE					_
·					
					_
					_
					_
		-			_
					_
Cotal number of other employees paid over \$50,000					

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "I	iONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensat	ion
NONE			
			—
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 statistica	Information such as the	_	
number of organizations and other beneficiaries served, conferences convened, research papers produce	ed, etc.	Ехрепѕеѕ	
1 Donations to various charities including commu	unity outreach		
groups			
		1,54	<u>3.</u>
2			
0		<u>-</u>	
3			
4			
Part IX-B Summary of Program-Related Investments		<u>-</u> -	
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount	
1 N/A			
2			—
All other program-related investments See instructions.			_
3			
Total, Add lines 1 through 3	▶ [n .

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P	Minimum Investment Return (All domestic foundations must co	omplete 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:		
a	Average monthly fair market value of securities		1a	0.
b	Average of monthly cash balances		1b	308.
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	308.
е	Reduction claimed for blockage or other factors reported on lines 1a and			····
	1c (attach detailed explanation) 1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	308.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see ins	structions)	4	5.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V	, line 4	5	303.
6	Minimum investment return. Enter 5% of line 5		6	15.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) foreign organizations check here ▶ ☐ and do not complete this part.)) private operating foundations ar	nd certain	
1	Minimum investment return from Part X, line 6		1	15.
2a	Tax on investment income for 2015 from Part VI, line 5			
b	Income tax for 2015. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	15.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	15.
6	Deduction from distributable amount (see instructions)		6	0.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, lin	e 1	7	15.
<u>P</u>	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	18,592.
Ь	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc	, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.			
а			3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part		4	18,592.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			_
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4		6	18,592.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when call	lculating whether the foundation (qualifies for the	section

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4940(e) reduction of tax in those years.

Part XIII . Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				15.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years				
,,		0.		1
3 Excess distributions carryover, if any, to 2015:	·			
a From 2010 35,825.				
b From 2011 29,459.				
c From 2012 26, 494.				
d From 2013 33,715.				
e From 2014 24,618.				
f Total of lines 3a through e	150,111.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 18,592.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior			- 1 - "	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				15.
e Remaining amount distributed out of corpus	18,577.			
5 Excess distributions carryover applied to 2015	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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	168,688.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		ĺ
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
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.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	35,825.	· <u> </u>		
9 Excess distributions carryover to 2016				
Subtract lines 7 and 8 from line 6a	132,863.			
0 Analysis of line 9:				
a Excess from 2011 29, 459.		1		
b Excess from 2012 26, 494.				
c Excess from 2013 33,715.				
d Excess from 2014 24,618.				
e Excess from 2015 18,577.				- 000 PF

		son Family			26-09	70760 Page 10
P	art XIV Private Operating Fo	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 :	a If the fouridation has received a ruling or	determination letter tha	t it is a private operating			
	foundation, and the ruling is effective for	2015, enter the date of	the ruling	.		
- 1	b Chèck box to indicate whether the found	ation is a private operati	ng foundation described	ın section	4942(j)(3) or 49	942(j)(5)
2	a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for					
	each year listed					
	b 85% of line 2a					
	c Qualifying distributions from Part XII.					
,	· 1					
	line 4 for each year listed	 				+
	d Amounts included in line 2c not					
	used directly for active conduct of					
	exempt activities					
-	e Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon: a "Assets" alternative test - enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(i)(3)(B)(i)					
	b "Endowment" alternative test - enter					
	2/3 of minimum investment return					
	shown in Part X, line 6 for each year listed					
	c "Support" alternative test - enter:					
	• •					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section		-			
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
P	art XV Supplementary Info			if the foundatio	n had \$5,000 or m	ore in assets
	at any time during t	he year-see inst	ructions.)			
1	Information Regarding Foundatio	n Managers:				
	a List any managers of the foundation who	o have contributed more	than 2% of the total conf	tributions received by th	ne foundation before the clo	se of any tax
	year (but only if they have contributed m	ore than \$5,000). (See s	section 507(d)(2).)	-		
Nc	one					
	b List any managers of the foundation who	o own 10% or more of the	ne stock of a corporation	(or an equally large por	tion of the ownership of a p	partnership or
	other entity) of which the foundation has			, , , , , , ,	, ,	·
No	one					
2	Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
	Check here ► X If the foundation o				s not accept unsolicited regi	uests for funds. If
	the foundation makes gifts, grants, etc.					
	a The name, address, and telephone numl	per or e-mail address of	the person to whom appl	ications should be addi	essed	
	,,,,		E TO THIS WAR	product by addi	- ·	
	b The form in which applications should b	e submitted and informa	ition and materials they s	hould include		
				· · · · · · · · · · · · · · · · · · ·		
	c Any submission deadlines:					
	d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kınds of ınstıtutıons, o	r other factors:	

Total

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

inter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	_	- :			
~ ~~					
			+		
	1		+	-	
e	-		+	<u></u>	
Ease and contracts from according	-		+		
g Fees and contracts from government agencies			+	· - · - · · · · · · · · · · · · · · · · ·	
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash			1,4	1	
Investments			14	2.	
4 Dividends and interest from securities			+		
5 Net rental income or (loss) from real estate:				-	
a Debt-financed property			+		
b Not debt-financed property			-		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_				
b	_				
C	_				
d	_				
e	_				
2 Subtotal. Add columns (b), (d), and (e)		0	•	2.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	2.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	omplishment of E	xemp	ot Purposes	
Line No. Explain below how each activity for which in			A contri	buted importantly to the accor	mplishment of
the foundation's exempt purposes (other that	an by providing tui	nas for such purposes).			
-					
					
					
	<u></u> _				
					
		-			<u> </u>
				.	
					· ,

2/10/16

Form **990-PF** (2015)

P00228679

(505) 897-7382

Firm's EIN ► 85-0450765

Phone no

Paid

Preparer

Use Only

Karen Urbielewicz

Firm's name ► Urbielewicz, Murphree CPAs

Firm's address ▶ 2469 Corrales Road Suite A-5 Corrales, NM 87048

CPA

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.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

Th	e Rawson Family Foundation	26-0970760
Organization type (check o	······································	
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule X For an organization	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru In filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	\$5,000 or more (in money or
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ir, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour line 1 Complete Parts I and II	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educa- ruelty to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter hourpose. Do not continue to the contributions of the c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled matere the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of 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) (2015)

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	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Dale & Roxann Petzold 5090 Mescalero Trail Las Cruces, NM 88012	\$\$	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)

Name of organization

Employer identification number

The Rawson Family Foundation

26-0970760

Part II	Noncash Property (see instructions) Use duplicate copies of Property	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
			

me of organiz	zation		Employer identification number				
ne Raw	son Family Foundation		26-0970760				
	the year from any one contributor. Complete of	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 fo				
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	s, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once) \$				
) No.							
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
-							
		(e) Transfer of gif	t				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
	Transfers o Trame, address, ar		relationship of transfer of to transfer ee				
-							
			T.				
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
-							
	(e) Transfer of gift						
	Transferee's name, address, ar	Relationship of transferor to transferee					
_							
-							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
-							
		(e) Transfer of gif	t				
		170					
-	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee				
-							
) No.	(b) Purpose of gift	(a) I loo of -:#	(d) Description of how sift in here				
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
_ _							
		(e) Transfer of gif	1				
	Tunnafana da marer a addir.						
 	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee				
_							

Part XV Supplementary Informa	tion	ndation		
3 Grants and Contributions Paid During t			•	
Recipient	If recipient is an individual.	T .		
	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	741100111
he Salvation Army	None	501(c)(3)	To Feed the Hungry	
.O. Box 1423				
as Cruces, NM 88004-1423				1,500
ible gandine po veil		501(-)(2)		
dible Studies By Mail	None	501(c)(3)	To Feed the Hungry	
O Box 2077				
as Cruces, NM 88004			-	1,100
a Casa Inc	None	501(c)(3)	To Feed the Hungry	
00 S Walnut				
as Cruces, NM 88001				200
onoma Springs Covenant Church 940 Sonoma Springs	None	501(c)(3)	Church	
as Cruces, NM 88011		<u> </u>		200

Form 990-PF Interest on Savi	ngs and Tem	porary	Cash Ir	nvestments	Statement	1
Source	(a) Revenue Per Books		(b) Net Investment Income		(c) Adjusted Net Income	
Interest Income		2.		2.		
Total to Part I, line 3	2.			2.		
Form 990-PF	Accounti	ng Fees	3		Statement	2
Description	(a) Expenses Per Books	(h Net In ment I	vest-	(c) Adjusted Net Incom		
Accounting Fees	1,537.		0.			0.
To Form 990-PF, Pg 1, ln 16b	1,537.		0.			0.
Form 990-PF	Other Expenses				Statement	3
Description	(a) Expenses Per Books	(h Net Ir ment I	vest-	(c) Adjusted Net Incom		
Postage	11.		0.			0.
To Form 990-PF, Pg 1, ln 23	11.	-	0.			0.