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Return of Private Foundation

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

OMB No 1545-0052 2015

Department of the Treasury Internal Revenue Service

▶ 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.irs.gov/form990pf. Open to Public Inspection

r cal	lendar year 2015 or tax year beginning		, 2015, and en	ding	, 20		
	of foundation			A Employer identifica	tion number		
RE <i>F</i>	AR ADMIRAL O DOUGLAS A	ND MARIE		46-249769	1		
	er and street (or P O box number if mail is not deli	Room/suite	B Telephone number (see instructions)				
	31 WESTSIDE BLVD SE AP	,		505-252-1776			
	r town, state or province, country, and ZIP or foreign			C If exemption application			
RIC	RANCHO NM 87124			n exemption application	is penaing, check here.		
Ch	eck all that apply. Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here . ▶		
	Final return	Amended return		2 5			
	Address change	Name change		 Foreign organization test, check here and 			
Che	eck type of organization $^{\cdot}$ X Section 501((c)(3) exempt private four	ndation				
Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable priva	te foundation	E If private foundation sta under section 507(b)(1)			
aır r	market value of all assets at end of	Accounting method. X	Cash Accrual	1_	_		
/ear	(from Part II, col (c), line 16)	Other (specify)		F If the foundation is in a under section 507(b)(1)			
\$	51,034.	(Part I, column (d) must	be on cash basis)		(2), UNSUR NOIS		
art I	Analysis of Revenue and Expenses	(a) Revenue and	(h) Not investment	(a) Advisted ant	(d) Disbursements		
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the	expenses per	(b) Net investment income	(c) Adjusted net income	for chantable		
	amounts in column (a) (see instructions))	books			purposes (cash basis only)		
1	Contributions afte arrate ate recovered	25,000.			(55555)		
2	of the foundation is not required						
3	Li to attach Schedule B						
4		540.					
1 _	a Gross rents						
	Net rental income						
, ,	or (loss) (loss) from sale of assets not on line 10						
7 8	L Gross sales price for						
	all assets on line 6a						
7	, , , ,						
٠, ٠			•				
9 10							
	turns and allowances						
	goods sold ·						
	c Gross profit or (loss) (attach schedule)						
11		25 540					
12		25,540.					
	trustees, etc						
14	1 3						
14 15				. <u></u>			
16	a Legal fees (attach schedule)						
	b Accounting fees (attach schedule)	650.	650.		_		
	c Other professional fees (attach schedule)			The second secon			
17				· ,			
17 18 19 20 21 22 23 24	Taxes (attach schedule) (see instructions)				1		
19	Depreciation (attach schedule) and depletion		121	AUG 25 2016			
20	Occupancy				Į.		
21	Travel, conferences, and meetings			4 p			
22	Printing and publications						
23	Other expenses (attach schedule)	126.			126.		
24							
	expenses Add lines 13 through 23	776.	650.		126.		
25	` '	6,500.			6,500.		
26	Total expenses and disbursements.	7,276.	650.		6,626.		
27	Add lines 24 and 25 · · · Subtract line 26 from line 12.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0,020.		
	a Excess of revenue over expenses	18,264.					
١.	and disbursements	10,201.					
'	b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)						

Sales Sep 1 4 2018

Part II Balance Sheets description column should be for		Attached schedules and amounts in the least schedules are schedules are schedules are schedules and amounts in the least schedules are	Beginning of year	End of year		
		end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	11	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	17,333.		51,034.	
	3	Accounts receivable ▶	·			
		Less: allowance for doubtful accts. ▶				
	4	Pledges receivable ▶				
		Less. allowance for doubtful accts. ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable				
		(attach schedule)		L		
	1	Less allowance for doubtful accounts				
Assets	8	Inventories for sale or use		_		
SS	9	Prepaid expenses and deferred charges				
⋖	10a	Investments - U S. and state govt obligations (attach schedule)				
	Ь	Investments - corporate stock (attach schedule)				
	С	Investments - corporate bonds (attach schedule) .				
	11	Investments - land, buildings, and				
		equipment, basis				
		Less. accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment: basis .				
		Less. accumulated depreciation				
		(attach schedule) · ·				
	15	Other assets (describe >	-			
	16	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item I)	17,333.		51,034.	
	17	Accounts payable and accrued expenses .				
	18	Grants payable				
es	19	Deferred revenue			1	
Ξ	20	disqualified persons · · · · · · · · · · · · · · · · · · ·			;	
Liabilities	21	Mortgages and other notes payable (attach schedule)			,	
Ë	22	Other liabilities (describe ▶)	<u> </u>		· ·	
	23	Total liabilities (add lines 17 through 22)			,	
es		Foundations that follow SFAS 117, check here				
n		and complete lines 24 through 26 and lines 30 and 31.				
<u>a</u>	24	Unrestricted .				
ä	25	Temporarily restricted				
Fund Balance	26	Permanently restricted				
丑		Foundations that do not follow SFAS 117, ck. here ► X			1	
þ		and complete lines 27 through 31.				
Š	27	Capital stock, trust principal, or current funds	<u>17,300.</u>	<u> 17,</u> 300	<u>).</u>	
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund .				
As	29	Retained earnings, accumulated income, endowment, or other funds	33.	22		
Net Assets	30	Total net assets or fund balances (see instructions)	17,333.	17,527	<u>/ . </u>	
Z	31	Total liabilities and net assets/fund balances (see			_	
		instructions)	17,333.	17,527	7.	
	_	Analysis of Changes in Net Assets or Fund Bala				
1	Total	net assets or fund balances at beginning of year - Part II, column	(a), line 30 (must agree v	with		
	end-c	of-year figure reported on prior year's return)			1 17,333.	
		amount from Part I, line 27a			2 18,264.	
3	Othe	increases not included in line 2 (itemize) ADDITIONAL	CAPITAL		3 40,554.	
4	Add I	nes 1, 2, and 3		[76,151.	
5	Decre	eases not included in line 2 (itemize)			5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) - P	art II, column (b), line 30	<u> </u>	6 76,151.	

	nd(s) of property sold (e.g , real or common stock, 200 shs. ML	(b) How acquired P - Purchase D - Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr)		
<u>1 a</u>							
_b							
<u>c</u>							
_d							
_ e							
(e) Gross sales price	•	(f) Depreciation allowed (or allowable)		other basis ense of sale			or (loss) f) minus (g)
<u>a</u>							·
<u>b</u>				_			
C		<u></u>					
_е							
Complete only for ass	ets showing	gain in column (h) and owned	by the foundation	on 12/31/69	(I) Ga	ains (Col	(h) gain minus
(i) F.M V as of 12/31/	69	(j) Adjusted basis as of 12/31/69		ss of col (ı) . (ı), ıf any			ess than -0-) or rom col. (h))
<u>a</u>							
b							
_c							
<u>d</u>							
<u>e</u>							
2 Capital gain net incom	ne or (net ca	uliai lussi 🛥 🤍 🤄	lso enter in Part I, enter -0- in Part I,		2		
3 Net short-term capital	gain or (loss	s) as defined in sections 1222(5	6) and (6)	_			
	art I, line 8,	column (c) (see instructions).	, , ,	-	3		
		er Section 4940(e) for R	educed Tay o	 on Net Investm			
If "Yes," the foundation do	for the section	s part blank on 4942 tax on the distributable by under section 4940(e). Do no ach column for each year; see	ot complete this pa	art.			Yes X No
(a)	uu	(b)	The initial delication be	(c)	11103		(d)
Base period year Calendar year (or tax y		Adjusted qualifying distributi	ons nonch	Net value of antable-use assets	(c		ibution ratio vided by col (c))
2014				_			
2013							 -
2012	-	-					
2010				-			
2010							· · · · · · · · · · · · · · · · · · ·
2 Total of line 1, column3 Average distribution ra		year base period - divide the to			2		
		n existence if less than 5 years		or by the number	3		
4 Enter the net value of	nonchantabl	le-use assets for 2015 from Pa	rt X, line 5		4		50,235.
5 Multiply line 4 by line	3 .				5		
6 Enter 1% of net invest	ment income	e (1% of Part I, line 27b) .			. 6		
7 Add lines 5 and 6					7		
8 Enter qualifying distrib				· · ·	8 s = 19/ toy ==	to C==	13,126.
if line 8 is equal to or g	greater (nan	line 7, check the box in Part VI	, line ib, and com	piete that part usin	gaı‰ tax ra	ite. 5ee	uie Part VI

•			_			
Form 990-PF (2015)	REAR	ADMIRAL	0	DOUGLAS	AND	MARIE

4	6-	-24	9	7	6	91	Page 4	4
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Р	ari VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	e instru	<u>uction</u>	<u>s)</u>		
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 instr.)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X	1				
	and enter 1% of Part I, line 27b .					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter					
2	4% of Part I, line 12, col (b) Toy under control 511 (demonstra control 4047(c)/1) trusts and toyable foundations only. Others and a control 512 (demonstra control 513 (demonstra con				0	
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			0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0	
5 6	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		—		
	Credits/Payments: 2015 estimated tax payments and 2014 overpayment credited to 2015 6a					
	Exempt foreign organizations - tax withheld at source . 6b					ĺ
	Tax paid with application for extension of time to file (Form 8868) . 6c 6c					ĵ
d	Backup withholding erroneously withheld 6d	-				
7	Total credits and payments Add lines 6a through 6d	7				
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				_
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
_	Enter the amount of line 10 to be. Credited to 2016 estimated tax Refunded art VII-A Statements Regarding Activities	11				
				—	Vaa	N-
14	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participal intervene in any political campaign?	ite or	<u> </u>		Yes	No X
h	intervene in any political campaign?		-	1a		Λ
D	the definition)?		١.	46		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	اممط	·	1b	r	
	or distributed by the foundation in connection with the activities	sileu	İ		'	-
	Did the foundation file Form 1120-POL for this year?		-	1c	L	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-		<u></u>	<u> </u>
_	(1) On the foundation. \$\Bigs \text{\$\sum_{\text{pointed}} \text{\$\text{capendatares} (section 4500) imposed during the year.}}\$		1			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		-			
•	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.			=	Γ	
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Χ
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Χ
	If "Yes," attach the statement required by General Instruction T				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		Ŀ	il de		
	that conflict with the state law remain in the governing instrument?		.	6		Χ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), at	nd Part .	xv 🗆	7	Χ	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)▶) 5	
	NM			4	9	-
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or			<u>~</u>		
	designate) of each state as required by General Instruction G? If "No," attach explanation		. 8	ВЬ	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 calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		L	1	1	
	complete Part XIV		L	9		Χ
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		X

Ра	rt VII-A Statements Regarding Activities (continued)						
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity		Yes	No			
	'within the meaning of section 512(b)(13)?	,					
	If "Yes," attach schedule (see instructions)	11		Χ			
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified						
	person had advisory privileges? If "Yes," attach statement (see instructions)						
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х				
	Website address ▶						
14			8-7				
	Located at ▶ 160 ITASCA RD RIO RANCHO NM ZIP+4 ▶ 8712	4-2	613				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			▶ _			
	and enter the amount of tax-exempt interest received or accrued during the year						
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No			
	over a bank, secunties, or other financial account in a foreign country?	16		X			
	See instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the	'					
	foreign country >						
'ar	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required						
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No			
1a	During the year did the foundation (either directly or indirectly)						
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	ĺ					
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ļ		1			
	a disqualified person? Yes X No						
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	ı	i	1			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ľ		į			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			i			
	for the benefit or use of a disqualified person)? Yes X No	1		,			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	ŀ		ļ !			
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No	ļ		!			
h	after termination of government service, if terminating within 90 days.)	ľ		4			
U	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	46	<u> </u>	نــــا			
	Organizations relying on a current notice regarding disaster assistance check here	1b		7			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			, ;			
	that were not corrected before the first day of the tax year beginning in 2015?	1c	ļ	X			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		<u> </u>				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		_	1			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d)			
	and 6e, Part XIII) for tax year(s) beginning before 2015?	ŀ					
	If "Yes," list the years ▶ 20 , 20 , 20		, ,	1			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	-		1			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)						
	to all years listed, answer "No" and attach statement - see the instructions.)	2b					
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20	-					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	-	,				
	enterprise at any time during the year? Yes $[X]$ No			1			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation		}	1			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved						
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)	اً	E .				
	the lapse of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine						
	if the foundation had excess business holdings in 2015.)	3b					
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Χ			
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable						
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Χ			

Form 990-PF (2015) REAR ADMIRAL O	DOUGLAS AND	MARIE		46-249	7691	Page 6
Part VII-B Statements Regarding Act	vities for Which F	orm 4720 May Be R	equired			<u></u>
5a During the year did the foundation pay or incu				<u>· </u>		
'(1) Carry on propaganda, or otherwise attemp	ot to influence legislation	n (section 4945(e))?	П	Yes X N	0	
(2) Influence the outcome of any specific pub	lic election (see section	4955); or to carry	_	_		
on, directly or indirectly, any voter registra	tion drive?		. \square	Yes X N	o	
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	. 🗖	Yes X N	0	
(4) Provide a grant to an organization other the	nan a charitable, etc , oi	rganization described	_	_		
in section 4945(d)(4)(A)? (see instructions				Yes X N	o	
(5) Provide for any purpose other than religion	us, chantable, scientific	, literary, or	_	_		
educational purposes, or for the preventio	n of cruelty to children of	or animals?	П	Yes X N	o Í	
b If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to o	qualify under the exception	s described	lin		
Regulations section 53 4945 or in a current no	tice regarding disaster	assistance (see instruction	ns)?		5b	X
Organizations relying on a current notice rega	rding disaster assistanc	e check here		. ▶□	,	7
c If the answer is "Yes" to question 5a(4), does	the foundation claim ex	emption from the		_		
tax because it maintained expenditure respon-	sibility for the grant?			Yes X N	o	
If "Yes," attach the statement required by Reg	ulations section 53 494	5-5(d)	_	_		
6a Did the foundation, during the year, receive ar	ny funds, directly or indi	rectly, to pay			4	
premiums on a personal benefit contract?				Yes X N	o	
b Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefit of	ontract? .		6b	X
If "Yes" to 6b, file Form 8870						
7a At any time during the tax year, was the found	ation a party to a prohit	oited tax shelter transactio	n? . 🗍	Yes X N	0	
b If "Yes," did the foundation receive any proceed	eds or have any net inco	ome attributable to the trai	nsaction?	_	7b	X
Part VIII Information About Officers	, Directors, Truste	es, Foundation Ma	nagers, l	Highly Paid	d Emplo	yees,
and Contractors						
1 List all officers, directors, trustees, foundation		compensation (see inst	· · ·			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee	nbutions to benefit plans rred comp		nse account, illowances
DAVID J HEIL	hours per week		employee	benefit plans		
DAVID J HEIL 2331 WESTSIDE BLVD SE A	hours per week devoted to position TREASURER 10		employee	benefit plans		
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN	hours per week devoted to position	(If not paid, enter -0-)	employee	benefit plans		
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE	hours per week devoted to position TREASURER 10 SECRETARY 3	(If not paid, enter -0-)	employee	benefit plans		
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT	(If not paid, enter -0-)	employee	benefit plans		
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE	hours per week devoted to position TREASURER 10 SECRETARY 3	(If not paid, enter -0-)	employee	benefit plans		
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT	(If not paid, enter -0-)	employee	benefit plans		
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN PO BOX 46004	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT 15	(If not paid, enter -0-) 0 0	employee and defe	benefit plans rred comp		
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT 15	(If not paid, enter -0-) 0 0	employee and defe	benefit plans rred comp		
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN PO BOX 46004 2 Compensation of five highest-paid employee	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT 15 s (other than those in	(If not paid, enter -0-) 0 0	structions)	benefit plans red comp	other a	nse account,
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN PO BOX 46004 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT 15	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employing plans an	benefit plans rred comp	other a	allowances
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN PO BOX 46004 2 Compensation of five highest-paid employee If none, enter "NONE."	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT 15 s (other than those in	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employing plans an	benefit plans rred comp nbutions to ee benefit d deferred	other a	nse account,
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN PO BOX 46004 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT 15 s (other than those in	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employing plans an	benefit plans rred comp nbutions to ee benefit d deferred	other a	nse account,
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DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN PO BOX 46004 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT 15 s (other than those in	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employing plans and	benefit plans rred comp nbutions to ee benefit d deferred	other a	nse account,
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN PO BOX 46004 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT 15 s (other than those in	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employing plans and	benefit plans rred comp nbutions to ee benefit d deferred	other a	nse account,
DAVID J HEIL 2331 WESTSIDE BLVD SE A TIM SHEAHAN 3333 TRUMAN ST NE DOUGLAS SCHUMANN PO BOX 46004 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TREASURER 10 SECRETARY 3 PRESIDENT 15 s (other than those in	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employing plans and	benefit plans rred comp nbutions to ee benefit d deferred	other a	nse account,

Form 990-PF (2015)

Form 990-PF (2015)							46-2497691	Page 7
	About Offic	ers, D	irectors,	Truste	s, Foundation	Managers,	Highly Paid Employ	ees,

and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in	nstructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<u>_</u>	
	-	
		
	<u> </u>	
Total number of others receiving over \$50,000 for professional services .	>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Inclination		Expenses
as the number of organizations and other beneficianes served, conferences conve	ned, research papers produced, etc.	Expenses
1		
	-	
2		
· · · · · · · · · · · · · · · · · · ·		
3		
·		
4		
<u> </u>		
Port IV D. Cummon of Deagram Deleted Investments (see inc)	h	
Part IX-B Summary of Program-Related Investments (see inst		
Describe the two largest program-related investments made by the foundation do SCHOLARSHIPS	uring the tax year on lines 1 and 2	Amount
1 SCHOLARSHIPS		
		6,500
2		
All other program-related investments See instructions.		
3		
Total Add lines 1 through 3		6 500

Form **990-PF** (2015)

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out chantable, etc., purposes. 51,000. a Average monthly fair market value of securities 1a **b** Average of monthly cash balances 1b c Fair market value of all other assets (see instructions) 1c 51,000. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 51,000. 3 Cash deemed held for charitable activities Enter $1^{1}/_{2}$ % of line 3 (for greater amount, 765. see instructions) 50,235. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . 5 2,512. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here \(\big| \) and do not complete this part.) Minimum investment return from Part X, line 6 2,512. 2 a Tax on investment income for 2015 from Part VI, line 5 2a b Income tax for 2015. (This does not include the tax from Part VI.) 2b c Add lines 2a and 2b . . 2c 2,512. Distributable amount before adjustments. Subtract line 2c from line 1. 3 Recoveries of amounts treated as qualifying distributions . . 4 2,512. Add lines 3 and 4 . 5 Deduction from distributable amount (see instructions) . 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 2,512. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 6,626. a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26 . 1a 6,500. **b** Program-related investments-total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 13**,**126. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 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 13,126. Adjusted qualifying distributions. Subtract line 5 from line 4 . . . Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2015)

1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015 2,512.
2	Undistributed income, if any, as of the end of 2015			[2,512.
	Enter amount for 2014 only				
	•)	[
3	Total for pnor years. 20, 20, 20, 20 Excess distributions carryover, if any, to 2015	<u> </u>		<u>'</u>	
	From 2010				1
	From 2011			l.	
	From 2012 .	•			
	From 2013		l'		
	From 2014		1	l	II
	Total of lines 3a through e				
4	Qualifying distributions for 2015 from Part XII,	ı	ĺ		
	line 4. ▶ \$13,126			<u> </u>	3
	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior				
	years (Election required - see instructions)		<u> </u>	<u></u>	
С	Treated as distributions out of corpus				
	(Election required - see instructions)				
d	Applied to 2015 distributable amount				2,512.
е	Remaining amount distributed out of corpus	10,614.			
5	Excess distributions carryover applied to 2015 .				
	(If an amount appears in column (d), the	ļ		Ì	
	same amount must be shown in column (a))	1			
6	Enter the net total of each column as				
	indicated below:				
	Corpus. Add lines 3f, 4c, & 4e Subtract line 5	10,614.			
b	Prior years' undistributed income. Subtract				
	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				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2014. Subtract				
	line 4a from line 2a Taxable amount -		İ		,
	see instructions	L			
f	Undistributed income for 2015. Subtract				
	lines 4d and 5 from line 1 This amount				
	must be distributed in 2016				
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by			5	[
	section 170(b)(1)(F) or 4942(g)(3) (Election				1
	may be required - see instructions)				
8	Excess distributions carryover from 2010				
	not applied on line 5 or line 7 (see				
	instructions)			_	
9	Excess distributions carryover to 2016.				[
	Subtract lines 7 and 8 from line 6a	10,614.			
10	Analysis of line 9				
	Excess from 2011			<u> </u>	
	Excess from 2012		,	1	
	Excess from 2013	}		Ę	
	Excess from 2014	ļ		İ	
	Excess from 2015 10, 614.				

P	art XIV Private Operating Found	lations (see in:	structions and Pa	art VII-A, question	n 9)	-
1a	If the foundation has received a ruling or d	etermination letter t	hat it is a private ope	rating		
	foundation, and the ruling is effective for 2	015, enter the date	of the ruling	▶		
b	Check box to indicate whether the foundat	ion is a private opei	rating foundation des	cribed in section	4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		<u> </u>
	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		(-,	(0) 20 10	(-)	(0) 10121
h	85% of line 2a	<u> </u>	 	 		
	Qualifying distributions from Part XII,					
·	line 4 for each year listed				i	
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					
а	"Assets" alternative test - enter					
	(1) Value of all assets					_
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
Ь	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments	1				
	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)		<u> </u>			
	(3) Largest amount of support					
	from an exempt organization .					
	(4) Gross investment income					
P	art XV Supplementary Informat	ion (Complete	this part only if	the foundation	had \$5,000 or n	nore in
	assets at any time during	g the year - see	e instructions.)			
1	Information Regarding Foundation Man	agers:				
а	List any managers of the foundation who hof any tax year (but only if they have contri				ved by the foundatio	n before the close
ь	List any managers of the foundation who o	wn 10% or more of	the stock of a corpor	ation (or an equally I	arge portion of the o	wnership of a
	partnership or other entity) of which the fou			,	g- p	
2	Information Regarding Contribution, Gr	ant Gift Loan So	holarship etc. Pro-	grame:		
-	_			_		A
	Check here ▶ ☐ If the foundation only requests for funds. If the foundation makes	y makes contributions soufts grants etc. ()	ris to preselected cha see instructions) to in	aritable organizations adividuals or organiza	and does not accep	ot unsolicited
	complete items 2a, b, c, and d	ginto, granto, oto. (occ mondonorio, to m	idividuals of organize	itions ander other co	maillons,
			 			
а	The name, address, and telephone number	r or e-mail address	of the person to who	m applications should	d be addressed.	
	505 000 54					
DF	AVID J HEIL 505-228-71	89 160 ITA	ASCA RD RIC	RANCHO NM	87124	
b	The form in which applications should be s	ubmitted and inform	nation and materials t	they should include.		
Εľ	DUCATIONAL INSTITUTE L	ETTERS OF	RECOMMENDA	TIONS EDUC	ATION TRAN	ISCRIPT
	Any submission deadlines					<u> </u>
-	,					
ΑU	JGUST 31ST					
d	Any restrictions or limitations on awards, si	uch as by geograph	ical areas, charitable	fields, kinds of instit	utions, or other facto	ors
NC	ONE	· · · · · · · · · · · · · · · · · · ·				

Part XV Supplementary Information (continued)
3 Grant's and Contributions Paid During the Year or Approved for Future Payment

<u> </u>	, 			
Recipient	If recipient is an individual,	Foundation	i	
Recipient	show any relationship to	status of	Purpose of grant or	Amount
Na (b	any foundation manager or substantial contributor	recipient	contribution	Allount
Name and address (home or business)	Of Substantial Contributor			
a Paid dunng the year	1	1	1	
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b Approved for future payment		1		
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Total			▶ 3b	İ

	Tutanyolo of Moonto I rouden	19 / 101/1/11/0				
Enter	gross amounts unless otherwise indicated	Unrelate	ed business income	Excluded by	section 512, 513, or 514	(e)
	•	(a)	(b)	(c)	(d)	Related or exempt
		1	• •	Exclu-		function income
	_	Business	Amount	sion	Amount	(See instructions.)
1	Program service revenue	code		code		
а						
b					_	
С				+		
_				+		
d			 -			· · · · · · · · · · · · · · · · · · ·
e						
f						
g	Fees and contracts from government agencies					
2				 		
_	Membership dues and assessments	-				
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities	L		1		540.
5	Net rental income or (loss) from real estate:					
а						
	Not debt-financed property	1				
6	Net rental income or (loss) from personal property					
7	Other investment income	L				12.
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events		•	 		
		+		1		
10	Gross profit or (loss) from sales of inventory			<u> </u>		
11	Other revenue: a			<u> </u>		
b						
C						•
d		<u> </u>	- -			
						4-
e						
	Subtotal. Add columns (b), (d), and (e)		.	2.5%		552.
13	Total. Add line 12, columns (b), (d), and (e)		•		. 13	552.
13	Total. Add line 12, columns (b), (d), and (e)				. 13	
13 See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	 ns)	•	-		
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to	ns) the Accom	plishment of Exe	mpt Purp	oses	552.
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to e No. Explain below how each activity for with	ns) the Accom	plishment of Exe	empt Purp	oses A contributed importa	552.
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to e No. Explain below how each activity for with accomplishment of the foundation's exp	the Accom	plishment of Exe	empt Purp	oses A contributed importa	552.
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to e No. Explain below how each activity for will accomplishment of the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's e	ns) the Accomplich income is kempt purpose	plishment of Exe	empt Purp	oses A contributed importa	552.
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to e No. Explain below how each activity for with accomplishment of the foundation's exp	ns) the Accomplich income is kempt purpose	plishment of Exe	empt Purp	oses A contributed importa	552.
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to e No. Explain below how each activity for will accomplishment of the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's e	ns) the Accomplich income is kempt purpose	plishment of Exe	empt Purp	oses A contributed importa	552.
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to e No. Explain below how each activity for will accomplishment of the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's e	ns) the Accomplich income is kempt purpose	plishment of Exe	empt Purp	oses A contributed importa	552.
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to e No. Explain below how each activity for will accomplishment of the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain below to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's explain to the foundation's e	ns) the Accomplich income is kempt purpose	plishment of Exe	empt Purp	oses A contributed importa	552.
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	old the orga	anization directly or	r indirectly enga	age in any of the follo	lowing with any	other organi	zation des	cribed in sec	tion	Yes	No
5	01(c) of the	e Code (other than	section 501(c)	(3) organizations) o	r in section 52	7, relating to p	political org	ganizations?	ľ		
a T	ransfers fr	om the reporting fo	oundation to a r	onchantable exemp	pt organization	of [,]			<u> </u>	<u> </u>	اٰـــــــــــــٰ
	(1) Cash								1a(1)		X
	(2) Other	assets .		•					1a(2)		X
b C	Other transa	actions:									
	(1) Sales	of assets to a non-	charitable exer	npt organization					1b(1)		X
	• •			ole exempt organiza					1b(2)		X
	• •	al of facilities, equip							1b(3)		X
		bursement arrange				•			1b(4)		X
		or loan guarantee		•		• •			1b(5)		X
	• •	•		p or fundraising soli		•		•			X
	• •		•	•		-		•	1b(6)		X
	_			other assets, or pai					1c	<u> </u>	
				mplete the following							
				reporting foundation				tair market vi	alue in any transa	action	
0	r sharing a	rrangement, show	in column (d) t	he value of the good	ds, other asset	s, or services	received				
											
a) Lin	ne no (b)	Amount involved	(c) Name of n	onchantable exemp	t organization	(d)Desc. of	transfers, t	ransactions,	and sharing arra	ngem e	ents
			·	-							
			<u> </u>								
			-	·_							
			- ·								
			-			· ·					
									-		
			•				_				
			<u> </u>						-		
la l		_	•	ed with, or related t		•	organizatio	ns described		[4.5]	ı
	section 50)1(c) of the Code (other than sect	ion 501(c)(3)) or in s	section 527? .	•	•		Ye	es [X	No
b_	If "Yes," o	omplete the follow	ing schedule								
	(a)	Name of organizat	tion	(b) Typ	e of organizati	on	(c) Description	n of relationship		
										-	
								•	_		
	Unde	er penalties of penury, I o	declare that I have	xamined Mis return, include	ding accompanying	schedules and st	tatements, and	to the best of m	y knowledge and		
		f, it is true correct, and ci	omolete Declaration	xamined this return, include n of preparer other than to	axpayer) is based o	n all information o	of which prepa	rer has any knov	vledge		
Si	gn ়	11/6	[]][[. / /							
He	еге	A / A	4/k/n.		08/15/2	016	rreasu	משמו	May the IRS discuss		
		Julia	77 14				_	JKEK	with the preparer sho		- 1
	S	gnature of officer or the			Date		Title		<u>`</u>	X	No
aic	1	Print/Type preparer		Preparer's signat	ure 🗸 \ , \	Date		Check	If PTIN		_
	oarer	BELLA P W	HITE	Tolle		ut408/	<u> 15/201</u>				/
-	Only	Firm's name	·		INC				01-05985		
	J,	Firm's address		SER BLVD S			T	Phone no 5	05-892-6	645	
			RIO RA	NCHO NM 87	124						

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.

Employer identification number

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

OMB No. 1545-0047

REAR ADMIRAL O	DOUGLAS AND MARIE	46-249/691
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	
	OZ7 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	
	ered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile See instructions
General Rule		
_	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5, erty) from any one contributor. Complete Parts I and II See instructions for determinions	
Special Rules		
regulations under sections	bed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $331/3$ % support test $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Part eccived from any one contributor, during the year, total contributions of the greater of	t1, line
	nount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I	• •
	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any	
	r, total contributions of more than \$1,000 exclusively for religious, charitable, scientific poses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and	
contributor, during the year	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any r, contributions exclusively for religious, chantable, etc., purposes, but no such	
	than \$1,000. If this box is checked, enter here the total contributions that were received	
· ·	usively religious, charitable, etc., purpose. Do not complete any of the parts unless the	
totaling \$5,000 or more du	nis organization because it received <i>nonexclusively</i> religious, chantable, etc., contribution of the year	JUONS
•	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 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

REAR ADMIRAL O DOUGLAS AND MARIE

Employer identification number 46-2497691

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is neede	d.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	O DOUGLAS SCHUMANN 2331 WESTSIDE DR RIO RANCHO NM 87124-	\$	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)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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Name: REAR ADMIRAL O DOUGLAS AND MARIE

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