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

, and ending

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

For calendar year 2015 or tax year beginning

► 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.

Nar	ne of	foundation				A Employer identification	number
_		CAMPANA HOUNDAMION IN	0			74-2385761	
		CAMPANA FOUNDATION, IN nd street (or P O box number if mail is not delivered to street			Room/suite	B Telephone number	<u>. </u>
		1 HWY. 59 S	audiçəsi		riconvacio	361-566-22	244
		own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	
		RGE WEST, TX 78022	554.055			o ii oxompiloi appiloadon la p	
		all that apply: Initial return	Initial return of a for	mer public c	harity	D 1. Foreign organization:	s, check here
		Final return	Amended return			9	
		Address change	Name change			Foreign organizations me check here and attach co	ending the 85% test, emputation
H C	_	type of organization: X Section 501(c)(3) ex				E If private foundation sta	tus was terminated
<u>L</u>			Other taxable private foundat	1 -		under section 507(b)(1)(A), check here
		rket value of all assets at end of year J Accounti		Accr	ual	F If the foundation is in a	
-		Part II, col (c), line 16) 0t 898,444. (Part I, colu	her (specify)	2010)		under section 507(b)(1)(B), check here
						/-> A	(d) Disbursements
Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net in inco	vestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	30,000.		(<u>~</u> / `	· N/A	(oasii sasio oiiiy)
	2	Check In the foundation is not required to attach Sch. B	20,0001				
	3	Interest on savings and temporary cash investments	1,411.		1,411.	· · · · · · · · · · · · · · · · · · ·	STATEMENT 1
	4	Dividends and interest from securities			<u> </u>	,-	
	5a	Gross rents					
	b	Net rental income or (loss)					
Φ	6a	Net gain or (loss) from sale of assets not on line 10				· · · · · · - · · - · · - · · - · · · - · · · - ·	
Revenue	b	Gross sales price for all assets on line 6a					
ě	7	Capital gain net income (from Part IV, line 2)			0.	<u> </u>	
_	8	Net short-term capital gain				·	
	9	Income modifications Gross sales less returns					
	_	and allowances					
		Less Cost of goods sold Gross profit or (loss)	7			<u>. – – </u>	
	11	Other income	110,200.	11	0,200.		STATEMENT 2
	12	Total. Add lines 1 through 11	141,611.	11	1,611.		
	13		131 0.		0.		0.
	14	Compensation of officers, directors trustees, etc Other employee salaries and wages - 6 2016	1821				
"		Pension plans, employee benefits\					
Expenses		Legal fees Accounting fees Other professional fees	100		0 507		2 500-
per		Accounting fees Salmar	5,175.		2,587.		2,588.
_		1					
ıtive	17 18	Interest Taxes STMT 4	9,736.		0.		0.
stre	18	Depreciation and depletion	5,750.				
Ē	20	Occupancy					
Adr	21	Travel, conferences, and meetings					
Ē	22	Printing and publications					
g	23	Other expenses STMT 5	718.		72.		646.
Operating and Administrative	24	Total operating and administrative					
g O		expenses. Add lines 13 through 23	15,629.	-	2,659.		3,234.
J		Contributions, gifts, grants paid	104,126.				104,126.
	26	Total expenses and disbursements.	119,755.		2,659.		107,360.
	27	Add lines 24 and 25 Subtract line 26 from line 12;	113,133.		<u> </u>		107,300.
	1	Excess of revenue over expenses and disbursements	21,856.				
		Net investment income (if negative, enter -0-)	==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10	8,952.		<u> </u>
		Adjusted net income (if negative, enter -0-)				N/A	
5235 11-2		LHA For Paperwork Reduction Act Notice, see	instructions.				Form 990-PF (2015)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	1	ĺ	777,088.
2	Enter amount from Part I, line 27a	2		21,856.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		798,944.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		798,944.

Part IV Capital Gains and Lo	sses for Tax on Investr	nent Income			
(a) List and describe the kir 2-story brick warehouse; (nd(s) of property sold (e.g., real es or common stock, 200 shs. MLC C	tate, Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b NONE	<u> </u>	-			
С					
d					
е					
(e) Gross sales price (f) D		g) Cost or other basis plus expense of sale		(h) Gain or (los (e) plus (f) minu	
a					
b					
C					
d				·	
Complete only for assets showing gain in C	column (h) and owned by the foun	dation on 12/31/69) Gains (Col. (h) ga	un minus
	(j) Adjusted basis	(k) Excess of col. (i)	col.	(k), but not less th	nan -0-) or
	as of 12/31/69	over col. (j), if any		Losses (from col	(h))
<u>a</u>					
<u>b</u>					
d -					
e		··			
		L line 7	7 1		
2 Capital gain net income or (net capital loss)	$ \begin{cases} \text{If gain, also enter in Part} \\ \text{If (loss), enter -0- in Part} \end{cases} $		} 2		
3 Net short-term capital gain or (loss) as defin					
If gain, also enter in Part I, line 8, column (c	3).)		
If (loss), enter -0- in Part I, line 8 Part V Qualification Under S	Section 4940(a) for Redu	iced Tax on Ne	t Investment Inc	ome	· · ·
(For optional use by domestic private foundation					····
(For optional use by domestic private foundation	ons subject to the section 4940(a)	MY OIL HET HIVE STILLENT	income.)		
If section 4940(d)(2) applies, leave this part bla	ank.				
Was the foundation liable for the section 4942	tay on the distributable amount of	any year in the hase n	eriod2		Yes X No
If "Yes." the foundation does not qualify under s			51100		
1 Enter the appropriate amount in each colum			entries.		
(a) Base period years	(b)		(c)	Diet	(d) tribution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distribution	is Net value of n	oncharitable-use assets	(col. (b)	divided by col. (c))
2014	103,73	39.	693,210		440650
2013	120,49	31			
2012			418,331	•	.288028
2011	85,33	14.	218,226	•	.390943
2010	14,60	00.	218,226 42,287	•	.288028 .390943 .345260
	85,33 14,60 14,49	00.	218,226	•	.288028 .390943 .345260
2 Total of line 1, column (d)	14,60	00.	218,226 42,287	•	.288028 .390943 .345260 .330845
	14,60 14,49	14. 00. 94.	218,226 42,287 43,809	•	.288028 .390943 .345260
3 Average distribution ratio for the 5-year bas	14,60 14,49 se period - divide the total on line 2	14. 00. 94.	218,226 42,287 43,809	•	.288028 .390943 .345260 .330845
3 Average distribution ratio for the 5-year bas the foundation has been in existence if less	14,60 14,49 se period - divide the total on line 2	14. 00. 94.	218,226 42,287 43,809	•	.288028 .390943 .345260 .330845
=	14,60 14,49 se period - divide the total on line 2	14. 00. 94.	218,226 42,287 43,809	2	.288028 .390943 .345260 .330845 1.504726
=	14,60 14,49 se period - divide the total on line 2 than 5 years	14. 00. 94.	218,226 42,287 43,809	2	.288028 .390943 .345260 .330845 1.504726
the foundation has been in existence if less 4 Enter the net value of noncharitable-use ass	14,60 14,49 se period - divide the total on line 2 than 5 years	14. 00. 94.	218,226 42,287 43,809	2 3 4	.288028 .390943 .345260 .330845 1.504726 .300945 888,890.
the foundation has been in existence if less	14,60 14,49 se period - divide the total on line 2 than 5 years	14. 00. 94.	218,226 42,287 43,809	2	.288028 .390943 .345260 .330845 1.504726 .300945 888,890.
the foundation has been in existence if less 4 Enter the net value of noncharitable-use ass 5 Multiply line 4 by line 3	14,60 14,49 se period - divide the total on line 2 than 5 years sets for 2015 from Part X, line 5	14. 00. 94.	218,226 42,287 43,809	2 3 4 5	.288028 .390943 .345260 .330845 1.504726 .300945 888,890.
the foundation has been in existence if less 4 Enter the net value of noncharitable-use ass	14,60 14,49 se period - divide the total on line 2 than 5 years sets for 2015 from Part X, line 5	14. 00. 94.	218,226 42,287 43,809	2 3 4	.288028 .390943 .345260 .330845 1.504726 .300945 888,890.
the foundation has been in existence if less 4 Enter the net value of noncharitable-use ass 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of	14,60 14,49 se period - divide the total on line 2 than 5 years sets for 2015 from Part X, line 5	14. 00. 94.	218,226 42,287 43,809	2 3 4 5 6	.288028 .390943 .345260 .330845 1.504726 .300945 888,890. 267,507.
the foundation has been in existence if less 4 Enter the net value of noncharitable-use ass 5 Multiply line 4 by line 3	14,60 14,49 se period - divide the total on line 2 than 5 years sets for 2015 from Part X, line 5	14. 00. 94.	218,226 42,287 43,809	2 3 4 5	.288028 .390943 .345260 .330845
the foundation has been in existence if less 4 Enter the net value of noncharitable-use ass 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of	14,60 14,49 se period - divide the total on line 2 than 5 years sets for 2015 from Part X, line 5 Part I, line 27b)	14. 00. 94.	218,226 42,287 43,809	2 3 4 5 6	.288028 .390943 .345260 .330845 1.504726 .300945 888,890. 267,507.

		38570			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	see ins	tru	ctio	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)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			2,1	79.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	•	•	•	0.
	Add lines 1 and 2		_	2,1	79.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			2.1	79.
	Credits/Payments:				 -
	2015 estimated tax payments and 2014 overpayment credited to 2015				
	Tax paid with application for extension of time to file (Form 8868)				,
	Backup withholding erroneously withheld 6d 6d			^	Λ
	Total credits and payments. Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				51.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			2,2	<u> 30.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
_	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11				
	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 intervene in	<u> </u>	_	Yes	
	any political campaign?	<u> </u>	a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	<u> </u>	lb		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				1
	distributed by the foundation in connection with the activities	- 1	- 1		ĺ
C	Did the foundation file Form 1120-POL for this year?	1	lc		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.				İ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1			
	managers. ►\$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	1 :	2 [Х
	If "Yes," attach a detailed description of the activities		ヿ		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	I			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		ь	-	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	5		X
·	If "Yes," attach the statement required by General Instruction T	<u></u> ⊢			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ŀ	1		
٠	By language in the governing instrument, or	i	ı		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	- 1	- 1		
			6	х	
7	remain in the governing instrument?	_	7	X	
'	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	<u></u> ⊢'	+	Δ.	
ο-	Take the above to which the foundation arough power with which the properties of foundations.				
ъa	Enter the states to which the foundation reports or with which it is registered (see instructions)	— İ		1	i
	TX	— [ĺ
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	<u> 8</u>	ь	<u>X</u>	
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," 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	1	0		X

74-2385761 THE CAMPANA FOUNDATION, Page 5 Part VII-A | Statements Regarding Activities (continued) No Yes 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 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) 12 Х X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of T.J. MARTIN, JR. Telephone no. ► 361-566-2244 ZIP+4 ▶78022 Located at ▶ 3501 HIGHWAY 59 S, GEORGE WEST, TX 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A 15 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 over a bank. Yes No 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (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" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) 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 section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2015? 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years 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 assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 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.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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X

3ь

4a

N/A

during the year?

Form 990-PF (2015) THE CAMPANA FOUNDATION,			74-23857	61. P	age 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:				T	
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indire	ectly,			
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)			es X No	1 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary.	or educational purposes, or f				
the prevention of cruelty to children or animals?	, or outside one purposes, are		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the excentions described				
section 53.4945 or in a current notice regarding disaster assistance (see instru		in riogulations	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		ınad			
expenditure responsibility for the grant?			es 🔲 No		
•		'/A	cs 140		
If "Yes," attach the statement required by Regulations section 53 494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	Г— у	es X No		
a personal benefit contract?		T(v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	6b	<u>X</u>
If "Yes" to 6b, file Form 8870			TET		
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 attribution				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	inagers, Highly	у		
1 List all officers, directors, trustees, foundation managers and their	compensation.		-		
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Experaccount, o	nse
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, c	ces
ANGELA MARTIN	DIRECTOR/PRES	IDENT			
3501 HWY. 59 S	1			l	
GEORGE WEST, TX 78022	1.00	0.	0.	ļ	0.
	DIRECTOR	1			
3501 HWY. 59 S					
GEORGE WEST, TX 78022	1.00	0.	0.		0.
T.J. MARTIN, JR.	SECRETARY/TRE				
3501 HWY. 59 S	1				
GEORGE WEST, TX 78022	1.00	0.	0.		0.
T.J. MARTIN, III	DIRECTOR				
3501 HWY. 59 S		1			
GEORGE WEST, TX 78022	1.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc					
(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) Experaccount, of allowand	other
NONE			compensation		
	†				
		<u> </u>			
	1				
·		<u> </u>			—
	1				
	 				
	1				
	-		72 - 77 -		
	1				
Total number of other employees paid over \$50,000	<u> </u>		<u> </u>		- 0
Total number of other employees paid over \$50,000					

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0.

▶

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Fo	rm 990-PF	(2015)	THE	CAMPANA	FOUNDATION	1,	INC		74-2	2385761	Page 8
F	art X	Minimun	n Inves	tment Retu	n (All domestic foun	ndatio	ns must complete this	part Foreign fou	ındations, se	e instructions.))
1	Fair marl	ket value of as	sets not us	sed (or held for us	e) directly in carrying or	ut char	ritable, etc., purposes:				
	-	monthly fair m							1a		0.
b	Average	of monthly cas	sh balance	s					1b		,926.
C	Fair marl	ket value of all	other asse	ets					1c		,500.
đ	l Total (ad	id lines 1a, b, a	ınd c)						1d	902	,426.
e	Reductio	n claimed for l	olockage o	r other factors rep	orted on lines 1a and						
	1c (attac	h detailed expl	anation)				1e	0.	.]		
2	Acquisiti	on indebtedne	ss applica	ble to line 1 assets				-	2		0.
3	Subtract	line 2 from lin	e 1d						3		,426.
4	Cash dee	emed held for a	haritable	activities. Enter 1	/2% of line 3 (for greate	ter amo	ount, see instructions)		4		,536.
5	Net valu	e of noncharit	able-use a	assets. Subtract li	ne 4 from line 3. Enter h	nere ar	ıd on Part V, line 4		5	888	,890.
6	Minimur	n investment	eturn. En	ter 5% of line 5					6	44	,445.
P	art XI			mount (see in:	structions) (Section 49 and do not complete		3) and (j)(5) private opera	ting foundations a	nd certain		
1	Minimun	n investment re					· · ·		T ₁ T	44	,445.
				15 from Part VI, lu	ne 5		2a	2,179.			,
				not include the tax			2b		1		
		2a and 2b		iot moiddo tiro tabt				-	2c	2	,179.
3			efore adm	stments. Subtract	ine 2c from line 1				3		,266.
4				qualifying distribi					4		0.
5	Add lines		ii oatoo ao	qualifying distribu					5	42	,266.
6			itable amo	ount (see instruction	ine)				6		0.
7				•	om line 5. Enter here ar	nd on	Part XIII line 1		7	42	,266.
	art XII	T		ibutions (see		na on	i di tani, inio		 		<u>, = = = =</u>
1	Amounts	paid (ıncludın	g adminis	trative expenses) t	o accomplish charitable	e, etc.,	purposes:	·	<u> </u>		
a	Expenses	s, contribution	s, gifts, etc	total from Part	l, column (d), line 26				1a	107	,360.
b	Program	-related invest	ments - to	tal from Part IX-B					1b		0.
2	Amounts	paid to acquir	e assets u	sed (or held for us	e) directly in carrying o	out cha	ritable, etc., purposes		2		
3	Amounts	set aside for s	pecific ch	arıtable projects th	at satisfy the;						
a	Surtabilit	y test (prior IR	S approva	l required)	•				3a		
				required schedule)		-		3b		
4					Enter here and on Part \	V, line	8, and Part XIII, line 4		4	107	,360.
5	_	-		-	he reduced rate of tax o						
		Enter 1% of Pa							5		0.
6			•	s. Subtract line 5 fi	rom line 4				6	107	,360.
	•					ent yea	rs when calculating whet	ner the foundation	qualifies for the	ne section	

Form **990-PF** (2015)

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				42,266.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
g rount to prior yours		0.		
3 Excess distributions carryover, if any, to 2015:	· · · · · · · · · · · · · · · · · · ·			
aFrom 2010 26,503.				
bFrom 2011 16,439.				
c From 2012				
dFrom 2013				
eFrom 2014 76,517.				
f Total of lines 3a through e	119,459.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 107,360.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				· · · · · · · · · · · · · · · · · · ·
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				42,266.
e Remaining amount distributed out of corpus	65,094.			
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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	184,553.			
b Prior years' undistributed income. Subtract	202,000.			
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.		
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	26,503.			
9 Excess distributions carryover to 2016.				·
Subtract lines 7 and 8 from line 6a	158,050.		_	
10 Analysis of line 9:				
a Excess from 2011 16,439.				
b Excess from 2012				
c Excess from 2013]	
d Excess from 2014 76,517.				
e Excess from 2015 65,094.				
				Form 000 DE (2015)

	IPANA FOUNDA				85761 Page 1
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2015, enter the date of	the ruling	▶	,	
b Check box to indicate whether the found	dation is a private operation	ng foundation described		4942(j)(3) or 49)42(_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				T	
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed	ļ			}	į
d Amounts included in line 2c not			 		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		 	 	 	<u> </u>
for active conduct of exempt activities.					
•					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	<u> </u>				
alternative test relied upon;	1				
a "Assets" alternative test - enter:					
(1) Value of all assets			 -		<u> </u>
(2) Value of assets qualifying under section 4942(j)(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			i		
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					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	-	than 2% of the total con	tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n					
NONE					
b List any managers of the foundation wh			(or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
	•	•	-	ot accept unsolicited requ	
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations	under other conditions, co	omplete items 2a, b, c, and	d
a The name, address, and telephone num	ber or e-mail address of t	he person to whom app	lications should be addres	ssed:	
SEE STATEMENT 7					·-
b The form in which applications should be	e submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
				 , .	
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields	, kinds of institutions, or o	other factors:	

Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of recipient show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year SEE ATTACHED LIST VARIOUS SUPPORT PROGRAMS AND NONE VARIOUS OPERATIONS 104,126. GEORGE WEST, TX 78022 104,126. Total **▶** 3a **b** Approved for future payment NONE Total **▶** 3b

Enter gross amounts unless otherwise indicated.	Unrelated	ousiness income		y 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
a					
			 		
C					
					
d					 ·-
e					
T		 			
g Fees and contracts from government agencies		-			
2 Membership dues and assessments			\rightarrow		
3 Interest on savings and temporary cash			اما		
investments			14	1,411.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					<u> </u>
6 Net rental income or (loss) from personal				1	
property					
7 Other investment income				-	-
8 Gain or (loss) from sales of assets other					<u>-</u>
than inventory				1	
-					
9 Net income or (loss) from special events				+	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1 2 5	110 200	
a CHESAPEAKE			15	110,200.	
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		(0.	111,611.	0
13 Total. Add line 12, columns (b), (d), and (e)	•			13	111,611
(See worksheet in line 13 instructions to verify calcula	ations.)				·· - ·
Part XVI-B Relationship of Activ		nplishment of	Exempt P	ırposes	
Line No. Explain below how each activity for w				importantly to the accomp	olishment of
▼ the foundation's exempt purposes (of	ther than by providing fund	s for such purposes)	•		
					-
··· · · · · · · · · · · · · · · · · ·					
	··				
					
	_				

Form 99	90-PF (2	(015)	THE	CAMPA	NA	FOUN	IDAT	rion	, INC			74	-2385761	Lρ	age 13
Part	XVII					ransfe	rs T	o and	Transaction	ıs aı	nd Relation	ships With N	oncharitab		
				anization										1	
									h any other organi			tion 501(c) of		Yes	No
									ating to political of	rganız	zations?				
		from the repo	orting fou	indation to a	nonci	naritable e	xempt	t organiz	ation of:						Į
•) Cash												1a(1	_	X
•) Other												1a(2	}	Х
		sactions;													_v
	•	of assets to a		-	-		4	_					1b(1	+	X
	•	lases of asset					nzatior	n					1b(2	~	X
-	•	il of facilities, bursement ari		-	isseis	•							1b(3 1b(4	+	X
•	•	s or loan guar	-	1112									1b(4 1b(5	_	X
	•	rmance of sei		mamharchin	or fu	ndraicina	colient	atione					1b(6	_	X
•	•	f facilities, equ		-		_			PC				10	' 	X
	•			•						d alwa	avs show the fair	market value of the		sets	
												n or sharing arrang		3010,	
		l) the value of										., ., .,	,		
(a)Line	no	(b) Amount II	nvolved	1 (c) Nar	me of non	charitz	able exer	npt organization		(d) Description	on of transfers, transac	tions, and sharing a	rrangem	ents
				1			N/A	4						_	
											1				
		•													
													•		
											ļ				
	_								<u></u>						
	4	•													
	_										_				
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	+										 				
	+			_							 				
	+			+-							 				
	+														
2a is	the four	idation directl	ly or indir	 rectly affiliate	d with	h or relate	ed to c	ne or m	ore tax-exempt or	120172	tions described				
		501(c) of the	-	-		-	-			gumzu	100110 000011000		Yes	Γx] No
		mplete the fo	•				· ·								
	<u>-</u> -			organization				(b)	Type of organizati	on		(c) Description of	relationship		
			N/A	4											
			•		-										
					_										
	and he											e best of my knowledg er has any knowledge	May the IHS	discuss	this
Sign Here		-	7	to.	. \		(,	N	_	return with the	v (see ins	er str)?
Here	} F	oture of office	<u>/رے/</u>	17/10	ne		<u>-//</u>	<u> </u>	V5/12/	16	DIREC	TOR	X Ye	i L	∐ No
	Sign	ature of office			(Des	nerer	e eranat.	Date ' (- 1	Title Date I	Check if	PTIN		
		Print/Type p	kehaisi 2	Hailie			:parer:	s signati	ii e	, [ˈ	Date	self- employed	C 1 1 1 1 1		
Paid		JOSIE	יים מי	יואם פו		4	loss	dù	Rebres	/	05/11/16	on employed	P00715	300	
Prep				DGETT		STRAI	EMZ	NN	CO. T.		P.	Firm's EIN ► 7			
		3			, -				_ 00., п	<i>-</i> •	- •	Times Park			

Firm's address ▶ 100 N.E. LOOP 410 SUITE 1100 SAN ANTONIO, TX 78216

Phone no. (210) 828-6281 Form **990-PF** (2015)

Preparer **Use Only**

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

INC

OMB No. 1545-0047

Name of the organization

Employer identification number

THE CAMPANA FOUNDATION. 74-2385761 Organization type (check one) Filers of: Section: Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For 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, chantable, 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), 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)

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 C	AMPANA FOUNDATION, INC		74-2385761
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	Il space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS J. MARTIN, JR. 3501 HWY. 59 S GEORGE WEST, TX 78022	\$30,00	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
523452 10-2	6-15	ocuequie B ((Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

THE CAMPANA FOUNDATION, INC

74-2385761

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	I 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	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		_		
		 _		

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Employer identification number Name of organization 74-2385761 THE CAMPANA FOUNDATION, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY	CASH	INVESTMENTS	STATEMENT 1	
SOURCE	REV	(A) REVENUE NET PER BOOKS 1,411.		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
FROST BANK CD INTEREST INCOME	3			1,411.		
TOTAL TO PART I, LINE 3		1,411.		1,411.		
FORM 990-PF	OTHER	INCOME	- i		STATEMENT 2	
DESCRIPTION		(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
CHESAPEAKE	_	110,200. 110,200				
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	110	,200.	110,200.		
FORM 990-PF	ACCOUNT	ING FEES	;		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE	
				NEI INCOME	PURPOSES	
ACCOUNTING FEES	5,175		2,587		PURPOSES 2,588.	
		•		•		
ACCOUNTING FEES	5,175 5,175	•	2,587	•	2,588.	
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	5,175 5,175	XES (F	2,587 2,587 3)	(C)	2,588. 2,588. STATEMENT 4 (D) CHARITABLE	
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B FORM 990-PF	5,175 5,175 TA (A) EXPENSES	XES (ENET IN MENT I	2,587 2,587 3)	(C) ADJUSTED NET INCOME	2,588. 2,588. STATEMENT 4 (D) CHARITABLE	

		XPENSES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES	
BANK SERVICE FEE PHARMACY	72. 646.		72. 0.		64	0. 16.
TO FORM 990-PF, PG 1, LN 23	718.		72.		64	16.
FORM 990-PF DEPRECIATION OF	ASSETS NOT	HELD FOR	INVE	STMENT	STATEMENT	6
DESCRIPTION		T OR BASIS		MULATED ECIATION	BOOK VALUE	C
CASE PRINTER MACHI COMPUTER		61. 3,351. 525.		61. 3,000. 525.	35	0. 51. 0.
COMPUTER PROGRAM COMPUTER PROGRAM ANSWER MACHINE		243. 106.		243. 106.		0.
CHAIR COMPUTER & PRINTER 10 CHAIRS		64. 4,334. 580.		64. 3,900. 580.		0. 34. 0.
OFFICE CHAIR CHAIR BIOFEED MACH		140. 92. 6,403.		125. 92. 5,760.	64	0. 13.
CHAIRS 2 TAPE PLAYS FURNITURE		797. 233. 1,737.		720. 233. 1,564.		77. 0. 73.
MIND MIRROR LIBRARY BOOK LIBRARY TAPE		705. 297. 76.		705. 297. 76.		0. 0. 0.
COMPUTER DESK SAMADHI CUSH		380. 309. 90.		342. 309.	3	38. 0.
CHAIR LIBRARY BOOK TOTAL TO FM 990-PF, PART II, 1		86. 20,609.		90. 86. 18,878.	1,73	0.

74-2385761

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 7 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANGELA K. MARTIN 3493 HWY 59 S. GEORGE WEST, TX 78022

TELEPHONE NUMBER

361-566-2244

FORM AND CONTENT OF APPLICATIONS

NO SET FORM-DIRECTORS DECIDE WHEN, WHERE, AND TO WHOM TO GIVE BASED ON NEED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

Asset	Description of property										
umber	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction			
1	CASE PRI		7 00	нет	61.		61.				
2	01 ₀ 2 ₈ 6 MACHI CO		7.00	μοΙ	01.1		01.				
4	01,17,86		7.00	<u> 16 T</u>	3,351.		3,000.				
 -	COMPUTER			H 0 1	3,331.1		3,000.				
	03,28,86	PRE	7.00	16	525.		525.				
4	$\begin{array}{c} \text{COMPUTER} \\ \hline = 0.6 \times 2.5 \times 6.0 \end{array}$			16	243.		243.				
5	ANSWER N	ACHIN		<u> то Т</u>	243.						
Ĭ	08,22,86	200DB	7.00	17	106.		106.				
6	CHAIR										
	121586				64.		64.				
7	COMPUTER					 ,					
	041187		7.00	<u> 17 </u>	4,334.		3,900.				
8	10 CHAIF 07 ₀ 03 ₈ 7		7.00	h 7 T	580.		580.				
9	OFFICE (HAIR	, , , ,	<u> </u>	3034			· · ·			
-	11,04,87	200DB	7.00	17	140.		125.				
10	CHAIR										
	1 1,0 3,87		7.00	17	92.		92.				
11	BIOFEED		7 00	H 7 1	6 402		5,760.				
1 2	01 ₀ 8 ₈ 8 CHAIRS	SEUUDB	7.00	μ/	6,403.		3,700.				
14	01,24,88	RUUUSI	7.00	H 7 T	797.		720.				
13	2 TAPE I		7.00	<u> </u>			, 201				
	0 2,1 2,8 8		7.00	17	233.	<u>-</u>	233.				
14	FURNITUE	RE									
	02,15,88		7.00	17	1,737.	···.	1,564.				
15	MIND MIE		7 00	H 7 T	705 1		705.				
1 6	03 ₂ 20 ₈ 8 LIBRARY		7.00	μ/	705.		705.				
то	100888		7 00	17	297.		297.				
17	LIBRARY			<u> </u>	2574		257.				
- '	10,15,88		7.00	17	76.		76.				
18	COMPUTER			'							
	01,09,89	200DB		17	380.		342.				
19	SAMADHI							·			
	0 2 2 2 8 9	1200DB	7.00	17	309.		309.				
20	CHAIR	NO 0 0 D D	7 00	н	001		1 001				
- 51	031189 LIBRARY		7.00	μ/	90.		90.				
21	07,01,90		7.00	H 7 T	86.		86.				
	* TOTAL	990-P	F PG	1 DI							
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TOTAL CONTRIBUTIONS

		FOUNDATION		
		STATUS OF	PURPOSE OF GRANT OR	
RECIPIENT	RELATIONSHIP	RECIPIENT	CONTRIBUTION	AMOUNT
SPECIAL OLYMPICS	NONE	PC	SUPPORT PROGRAMS	100
TILDEN LIVESTOCK SCHOLORSHIP ASSOCIATION	NONE	PC	SUPPORT PROGRAMS	1,000
LIVE OAK BOYS & GIRLS CLUB	NONE	PC	SUPPORT PROGRAMS	5,000
CENTRAL BEND COLLEGE	NONE	PC	SUPPORT PROGRAMS	200
ST LSBRE INDIAN SCHOOL	NONE	PC	SUPPORT PROGRAMS	500
GWHS JUNIOR CLASS	NONE	PC	SUPPORT PROGRAMS	1,500
MONASTERY OF CHRIST IN THE DESERT	NONE	PC	SUPPORT PROGRAMS	4,000
GEORGE WEST ELEMENTARY	NONE	PC	SUPPORT PROGRAMS	10,830
GEORGE WEST PRIMARY SCHOOL	NONE	PC	SUPPORT PROGRAMS	820
GW PFA ALUMNI	NONE	PC	SUPPORT PROGRAMS	2,000
NATIONAL TRUST FOR HISTORICAL PRESERVATIONS	NONE	PC	SUPPORT PROGRAMS	350
PRESIDIO LA BAHIA "FRIENDS OF THE FORT"	NONE	PC	SUPPORT PROGRAMS	500
CREATIVE SANTA FE	NONE	PC	SUPPORT PROGRAMS	10,000
ST. JUDES CHILDRENS RESEARCH HOSPITAL	NONE	PC	SUPPORT PROGRAMS	1,250
LIVE OAK OUTREACH INC.	NONE	PC	SUPPORT PROGRAMS	500
GEORGE WEST VOLUNTEER FIRE DEPARTMENT	NONE	PC	SUPPORT PROGRAMS	1,000
UC CUMBERLAND COLLEGE-MOUNTAIN OUTREACH	NONE	PC	SUPPORT PROGRAMS	10,000
COMBAT MARINES OUTDOORS	NONE	PC	SUPPORT PROGRAMS	2,500
TEXAS HISTORICAL FOUNDATION	NONE	PC	SUPPORT PROGRAMS	500
OPERATION HOMEFRONT	NONE	PC	SUPPORT PROGRAMS	5,000
CHRISTINE CITY CEMETERY ASSOCIATION	NONE	PC	SUPPORT PROGRAMS	250
L.O.C H.C	NONE	PC	SUPPORT PROGRAMS	40,000
DEBIE WEST THEATRE	NONE	PC	SUPPORT PROGRAMS	2,416
CLEGG CEMETERY	NONE	PC	SUPPORT PROGRAMS	250
CONSUMERS REPORTS FOUNDATION	NONE	PC	SUPPORT PROGRAMS	160
GEORGE WEST STORYFEST	NONE	PC	SUPPORT PROGRAMS	1,500
SANTA FE GIRLS SCHOOL	NONE	PC	SUPPORT PROGRAMS	1,000
BRISCOE WESTERN ART MUSEUM	NONE	PC	SUPPORT PROGRAMS	1,000