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EXTENSION GRANTED TO 5/15/10

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For th	e 2008 calendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 2009	
В	Check if applicab	Please C Name of organization	D Employer identifie	cation number
_	—naddre	use IRS		
Ļ	chane	print or NM HIGHLANDS UNIVERSITY FOUNDATION		
닏	chang	Doing Business As	75-0	121368
느	returr	Number and street (or P.O. box if mail is not delivered to street address) Room/si		
Ļ	ation Amer	Instruction 905 UNIVERSITY AVE.	505-	<u>454-3248</u>
F	return	City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>1,274,232.</u>
L	tion pend	LAS VEGAS, NM 8//UI	H(a) Is this a group re	
		F Name and address of principal officer DR. SHARON CABALLERO	for affiliates?	Yes X No
_		SAME AS C ABOVE empt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	H(b) Are all affiliates inc	
		empt status		list. (see instructions)
			H(c) Group exemption 1984 N	
	art I	Summary	ear or formation. 1904 N	State of legal domicile: NM
		Briefly describe the organization's mission or most significant activities THE NMHU	FOUNDATION	INC. IS A
OBMINES & Governance	•	NONPROFIT ORGANIZATION DEDICATED TO THE SUPP		
rna	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of n		
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
680	5	Total number of employees (Part V, line 2a)	5	0
æ	6	Total number of volunteers (estimate if necessary)	6	23
₹	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
\$	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
m			Prior Year	Current Year
o"	8	Contributions and grants (Part VIII, line 1h)	582,422.	753,922.
# [(Revenue	9	Program service revenue (Part VIII, line 2g)	372,378.	404,569.
₩ ₩	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	130,953.	107,753.
∌≖	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	230,904.	7,988.
<u></u>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,316,657.	1,274,232.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	461,500.	174,284.
90 100 100 100 100 100 100 100 100 100 1	14	Benefits paid to or for members (Part IX, column (A), line 4)		=
_	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part IX, Rolling (A), V/NE-17e)		
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25) 15, 051.		
ш	17/	Other expenses (Part IX, column (A), lines, 11a-11d, 11f-24f)	503,603.	695,879.
	18	Total expenses Add lines 13-17 (must equal Part IX, Column (2) line 25)	965,103.	870,163.
	19_	Revenue less expenses Subtract line-18-from line-12	351,554.	404,069.
Por	3	OGDEN, UT	Beginning of Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	6,749,826.	6,047,895.
t As	21	Total liabilities (Part X, line 26)	2,232,283.	1,777,559.
8.	22	Net assets or fund balances. Subtract line 21 from line 20	4,517,543.	4,270,336.
P	art II	Signature Block		
		Under penalties of perjury, I declare that Thave examined this return, including accompanying schedules and stateme and complete. Declaration of preparer bother than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledg	ge and belief, it is true, correct,
		4	-100	ania
Sig	n	7 Jayle Jane	1/110 Jay	2010
Hei	re	Signature of Officer () ASA TO BY	AU Foundath	
		G. Doyk DAVES Jr President, NM	yu romant	~
		Type or print name and title		
Paid	đ	Preparer's Marla Costner, CPA Date 5-13-10	Check if Prepare	r's identifying number tructions)
	- parer's		employed ►	<i>IA</i>
	Only	yours if MOSS ADAMS LLP	EIN ► 1	14
	•	self-employed), address, and 6100 UPTOWN BLVD NE STE 400	_	
		ZIP+4 ALBUQUERQUE, NM 87110	Phone no. ► 5	05-878-7200
		RS discuss this return with the preparer shown above? (see instructions)	•	X Yes No
8320	01 12-	18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2008)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
•	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			.
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		-
203	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		х
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25a_		
D	pnor year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		Α.
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
	, to a person to the second se		990 (2008)
			,	/

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Form 990 (2008) NM HIGHLANDS UNIVERSITY FOUNDATION

Part IV Checklist of Required Schedules (continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			•
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional		1	
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_ X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
			202	

Form 990 (2008) Form 990 (2008) NM HIGHLANDS UNIVERSITY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance 75-0121368 Page 5

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b If "Yes," enter the name of the foreign country: ► 5ce the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," do question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," did the organization solicit any contributions that were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a X 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 6c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				Yes	No
b Enter the number of Forms W2G included in the 1a Enter-0 if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to refite this return (see instructions) 3b Id the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3d All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization is for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction? 5b If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter Transaction? 6c If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c Did the organization shelt may receive deductible contributions under section 170(c). 7b If "Yes," indicate the arganization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8c Did the organization shelt may receive deductible contributions under section 170(c). 9c Did the organization shelt may be promised to the form 1889 as required	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Einter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 If a least one is reported on line 2a, did the organization fiel all required federal employment tax returns? 8 Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 8 If "Yes," has it filled a Form 990°T for this year? If "No," provide an explanation in Schedule O 8 If "Yes," has it filled a Form 990°T for this year? If "No," provide an explanation in Schedule O 8 If "Yes," has it filled a Form 990°T for this year? If "No," provide an explanation in Schedule O 8 If "Yes," has it filled a Form 990°T for this year? If "No," provide an explanation in Schedule O 8 If "Yes," has it filled a Form 990°T for this year? If "No," provide an explanation in Schedule O 8 If "Yes," has it filled a Form 990°T for this year? If "No," provide an explanation in Schedule O 8 If "Yes," enter the name of the foreign country; IP 8 See the instructions for exceptions and filing requirements for Form TD F 90°22 1, Report of Foreign Bank and Financial Accounts 9 Was the organization a party to a prohibited tax shelter transaction? 9 If "Yes," of usestion 5a or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction? 9 If "Yes," do the organization solicit any contributions that were not tax deducible? 10 If "Yes," do the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible? 10 If "Yes," did the organization notify the donor of the value of the good or services provided? 10 If "Yes," did the organization notify the donor of the value of the good or services provided? 11 If "Yes," did the organization of the value of the good		U.S. Information Returns Enter · O· if not applicable	2		
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tiled for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1.000 or more during the year covered by this return? 3b If "Yes," has tilled a Form 990-Tri or this year? If "No," promote a next and 1 and			1c	X	
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3a Did the organization have unrelated business gross income of \$1.000 or more during the year covered by this return? 3b If "Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country; Interest income an appropriate of the foreign country. Interest in the propriate of the foreign country. Interest in the propriate of the foreign country. Interest income and interest in, or a signature or other authority over, a financial account in a foreign country. Interest income and interest in or a signature or other financial account? 5b If "Yes," the riter the ame of the foreign country. Interest income and interest in or a signature or other financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6b If "Yes," the different and include with ever not tax deductible? 6c If Yes, if did the organization include with ever not tax deductible? 6c If Yes, if did the organization include with ever solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, if did the organization on the very solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, if did the organization notify the donor of the value of the goods or services provided? 6c If Yes, if did the organization on the very solicitation and express statement that such contributions or gifts were not tax deductible? 6c If Yes, if did the organization sell, exchange,	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b		
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Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12 B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Tob Gross income from members or shareholders B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? B If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b		supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	D				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	10-	,	10-		
		• _ 1	iza		
		in res, enter the amount of tax-exempt interest received of accrued during the year . 14/ A 120	Form	990	20087

Form 990 (2008) NM HIGHLANDS UNIVERSITY FOUNDATION 75-0121368 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

<u>Sec</u>	tion A. Governing Body and Management				
		_		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		l		
	processes, or changes in Schedule O See instructions	ļ	ŀ		
1a	Enter the number of voting members of the governing body	23			
b	Enter the number of voting members that are independent	23	ļ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?	L	3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	L	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	L	5		X
6	Does the organization have members or stockholders?	L	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	L	7a		_X_
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	L	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ļ			
	by the following				
а	The governing body?	<u> </u>	8a	X	
b	Each committee with authority to act on behalf of the governing body?	L	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	Ļ	9a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?	L	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must				
	describe in Schedule O the process, if any, the organization uses to review the Form 990	-	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 1			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		<u> </u>
Sec	tion B. Policies				
		г		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	-	12a		_X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?	-	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1			
	in Schedule O how this is done	-	12c	••	
13	Does the organization have a written whistleblower policy?	-	13	X	
14	Does the organization have a written document retention and destruction policy?	-	14	<u>X</u> _	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				7.7
a	The organization's CEO, Executive Director, or top management official?		15a		X
b	Other officers or key employees of the organization?	\vdash	15b		X
40	Describe the process in Schedule O. (see instructions)				
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				v
	taxable entity during the year?	-	16a		<u> </u>
b	if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
500	exempt status with respect to such arrangements? tion C. Disclosure		16b	!	
17	List the states with which a copy of this Form 990 is required to be filed NM Section 6104 requires an arganization to make the Forms 1022 (or 1024 if applicable), 990, and 990 T (501(a)(2)), only) available.	hlo f			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection, indicate how you make those available. Check all that apply	inia (Ui		
	public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request				
40	, ,	,	4 fi	noral	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	y, and	ı ıına	iiciai	
20	statements available to the public.		-	_	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ DARLENE CHAVEZ - (505)454-3223	nzati	JI I.		
	905 UNIVERSITY AVE, LAS VEGAS, NM 87701				
93300					

12-18-08

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee, or key employee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

(A)	(A) (B)		11001		<u> </u>	,, ti	uste	(D)	(E)	(F)
Name and Title	Average	İ	Position					Reportable	Reportable	Estimated
	hours	(cl			compensation	compensation	amount of			
	per	흕			İ			from the	from related	other
	week	arg .				ted		organization	organizations (W-2/1099-MISC)	compensation from the
		slee	ruste		۰	Bensa		(W-2/1099-MISC)	(** 2, 1000 *********************************	organization
		ual tr	onal		ploye	150 a	١.			and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
DR. G DOYLE DAVES, JR										<u> </u>
PRESIDENT	10.00	x		x			1	0.	0.	0.
DR. JAMES FRIES										
BOARD CHAIR EX-OFFICIO	1.00	X		X				0.	0.	0.
FRANK A. MARCHI							<u> </u>		-	
FIRST VICE PRESIDENT	2.00	X	ĺ	X				0.	0.	0.
LINDA MITCHELL DAVIS										
SECOND VICE PRESIDENT	1.00	X	L	X				0.	0.	0.
RAY LITHERLAND										
TREASURER	2.00	X		X				0.	0.	0.
DR. SHARON CABALLERO										
SECRETARY/INTERIM EXECUT	40.00	X	<u> </u>	X	_		<u> </u>	0.	0.	0.
TINA M. CORDOVA		ł	1							
DIRECTOR	1.00	X	ļ	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
WILLIAM E. GARCIA									_	_
DIRECTOR	1.00	X		<u> </u>		-	ļ	0.	0.	0.
EDDIE GROTH		l				ŀ				
DIRECTOR	1.00	X	ļ	ļ		<u> </u>	_	0.	0.	0.
MARTIN KOLDYKE										
DIRECTOR	1.00	X	ļ			<u> </u>		0.	0.	0.
JAMES MANDARINO	4 00									
ALUMNI DIRECTOR	1.00	X	-	-	 —		-	0.	0.	0.
JOSEPH MCCAFFREY	0 00	,,								
DIRECTOR	2.00	X		┝	_	├	-	0.	0.	0.
JAY D. MOORE	1 00	١,,								_
DIRECTOR	1.00	X	-	├-		 	<u> </u>	0.	0.	0.
CHARLES J MUCHMORE	1 00	١,,								_
DIRECTOR	1.00	I.V.				-	-	0.	0	0.
DR. BARBARA A. PEREA CAS	1.00						Ì		0.	_
DIRECTOR	1.00	♠		┼		 	 	0.		0.
ERNIE QUINTANA DIRECTOR	1.00	\ v						0.	0.	0.
MEL ROOT	1.00	┢┸	\vdash	+-	\vdash	\vdash	+-	 		<u>U•</u>
DIRECTOR	2.00	y	ŀ					0.	0.	0.
DIRECTOR 822007 12-18-08	2.00	142				-	1		<u> </u>	Form 990 (2008)

832007 12-18-08

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A)	(B)	(C)						(D)	(E)	(E)		(F)	
Name and title	Average	Position (check all that apply)						Reportable	Reportable			timate	
	hours per week	individual trustee or director	institutional trustee	Officer		Highest compensated on one	Ť	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	d is	com fr org and	nount of other pensal om the anization delate anization anization anization anization delate anization delat	tion e ion ed
ERNEST T. SANCHEZ						1			<u>-</u>				
DIRECTOR	1.00	X					<u>.</u>	0.		0.			0.
LEVEO V. SANCHEZ													
EX-OFFICIO DIRECTOR	3.00	X			<u> </u>	_	<u> </u>	0.		0.			0.
GRANT SLADE													
DIRECTOR	1.00	X	ļ	L	-		_	0.		0.			0.
JOE H. STALEY, JR.													_
DIRECTOR	1.00	X	-		₩	+	<u> </u>	0.		0.			0.
DR. WILLIAM TAYLOR	1 00	7.		ŀ						0			^
EX-OFFICIO DIRECTOR EDITHA BARTLEY	1.00	X	\vdash	\vdash	-	┼	-	0.		0.			0.
EMERITUS DIRECTOR	1.00	x				ĺ		0.		0.			0.
MATIAS ZAMORA	1.00	1	H			 	-	<u>.</u>		<u> </u>			<u> </u>
EMERITUS DIRECTOR	1.00	x						0.		0.			0.
						_	L_						
41		<u> </u>	ļ		ļ		_						
				ļ									
	<u> </u>					_		0.		0.			0.
Total Total number of individuals (including those	a in 1a) who re	CON	od n	oore	tha	n \$1	INN	•	<u> </u>	<u> </u>			<u> </u>
compensation from the organization	o iii Taj Wilo le	CEIV	eu ii	1016		шф	100,	ooo iii reportable		•			0
									-			Yes	No
3 Did the organization list any former officer,	director or tru	ste	e, ke	y en	nplo	уее,	orl	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su									the organization				
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or a	•			from	ı an	y un	rela	ted organization for serv	ices rendered to		_		v
the organization? If "Yes," complete Sched	ule J for such	per	son								5	1	<u> X</u>
Complete this table for your five highest co	mpensated in	dep	ende	ent o	cont	ract	ors	that received more than	\$100,000 of cor	npens	ation 1	from	
the organization NONE										•			
(A)								(B)				>)	
Name and business	address							Description of s	services	C	ompe	nsatio	<u>n</u>
		-			-		-						
2 Total number of independent contractors (if from the organization ►	including those	e in	1) w	ho r	ece	ived	mo	re than \$100,000 in com	pensation				

		Statement of Rever	nue					368 Page 9
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1b					
S, G	С	Fundraising events	1c					
arg		Related organizations	1d					
S, III		Government grants (contribut						
r Si		All other contributions, gifts, gran						
the the		similar amounts not included abo		53,922.				
de	α	Noncash contributions included in lines		63,450.				
S ह		Total. Add lines 1a-1f		>	753,922.			
				Business Code				
g :	2 a	LEASE INCOME		531120	371,606.	371,606.		
ž.		UNIVERSITY CLUE	PROGRA	611710	31,176.	31,176.		
S		MERCHANDISE SAL		453220	1,787.	1,787.	,,,- <u>-</u> ,	
eve	d							
Program Service Revenue	е							
۲	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		•	404,569.			
;	3	Investment income (including	dividends, intere	est, and				
ŀ		other similar amounts)		▶	107,753.			107,753.
4	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
!	5	Royalties		▶	7,988.			7,988.
İ			(ı) Real	(II) Personal				
(6 a	Gross Rents						
	b	Less. rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		, >				
7	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
ŀ		and sales expenses				İ		
1		Gain or (loss)		1				
		Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·			·	
9 E	8 a	Gross income from fundraising	-					
Fe		including \$						
Other Revenue		contributions reported on line						
펄		Part IV, line 18	a					
ಠ		Less: direct expenses	b traising events	·——				
- ,		Net income or (loss) from fund Gross income from gaming ad	=					
	Jd	Part IV, line 19	a a			[
	h	Less. direct expenses	b		į			
		Net income or (loss) from gam						•
10		Gross sales of inventory, less	_	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
``		and allowances	•					
	b	Less. cost of goods sold	a					
		Net income or (loss) from sale	• -			ļ		
		Miscellaneous Revenu		Business Code				
1	1 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
يهما	2	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 10	c, and 11e	<u>1,274,232.</u>	404,569.	0.	115,741.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	174,284.	174,284.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1/4/204.	1/4,204.		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				···
5	Compensation of current officers, directors,				
_	trustees, and key employees				···· · -···
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				<u></u>
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			··	
11	Fees for services (non-employees)				
a	Management				
b	T T	7,011.		7,011.	
c d	Accounting Lobbying	7,011.		7,011.	
u e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	30,408.		30,408.	
g	Other	30, 100.		30, ±00.	
12	Advertising and promotion	7,947.	7,947.		
13	Office expenses	26,778.	1,334.	22,890.	2,554.
14	Information technology	3,050.	3,050.		
15	Royalties				
16	Occupancy	2,189.	2,189.		
17	Travel	38,531.		38,531.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,937.	1,220.	717.	
20	Interest	90,800.	90,800.		
21	Payments to affiliates	F7 C00	F7 C00		
22	Depreciation, depletion, and amortization	57,698. 10,675.	57,698. 10,675.		
23	Insurance Other expanses, Itamize expanses not severed	10,675.	10,6/5.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	_			
а	IN-KIND GIFT TO UNIVERS	163,451.	163,451.		
b	UNIVERSITY STUDENT ACTI	60,683.	34,645.	13,541.	12,497.
С	UNIFORMS & CLOTHING	60,161.	60,161.		
đ	CATERING	52,467.	52,467.	10 771	
e	DUES & SUBSCRIPTIONS	33,284.	14,510.	18,774.	
	All other expenses	48,809.	11,685.	37,124.	15 051
<u>25</u>	Total functional expenses. Add lines 1 through 24f	870,163.	686,116.	168,996.	15,051.
26	Joint Costs. Check here SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	educational campaign and fundraising solicitation .]				Form 990 (2008

832010 12-18-08

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,688.	1	103,844.
	2	Savings and temporary cash investments	.,,,,,,,,	2	200/0110
	3	Pledges and grants receivable, net	122,540.	3	222,479.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
s,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	3,628.	9	3,628.
	10a	Land, buildings, and equipment: cost basis 10a 3,044,698			
		Less: accumulated depreciation. Complete			
	_	Part VI of Schedule D 10b 634,684	2,467,713.	10c	2,410,014.
	11	Investments · publicly traded securities	4,148,257.	11	3,307,930.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,749,826.	16	6,047,895.
	17	Accounts payable and accrued expenses	69,215.	17	12,497.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ģ	21	Escrow account liability. Complete Part IV of Schedule D		21	
iţi	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,389,241.	23	1,156,379.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	773,827.	25	608,683.
	26	Total liabilities. Add lines 17 through 25	2,232,283.	26	1,777,559.
		Organizations that follow SFAS 117, check here X and complete			
S		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	657,797.	27	833,352.
3ala	28	Temporarily restricted net assets	1,205,435.	28	1,009,352.
Fund Balances	29	Permanently restricted net assets	2,654,311.	29	2,427,632.
Ē	1	Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	4,517,543.	33	4,270,336.
	34	Total liabilities and net assets/fund balances	6,749,826.	34_	6,047,895.
Pa	rt XI	Financial Statements and Reporting			
					Yes No
1		unting method used to prepare the Form 990: L Cash X Accrual	Other		
2a		the organization's financial statements compiled or reviewed by an independent			2a X
b		the organization's financial statements audited by an independent accountant			
C		es" to lines 2a or 2b, does the organization have a committee that assumes resp		audit	,
		w, or compilation of its financial statements and selection of an independent ac			. 2c
3а		result of a federal award, was the organization required to undergo an audit or a	audits as set forth in the Sing	le Auc	
					1 1 1
b	If "Ye	es," did the organization undergo the required audit or audits?	<u></u>	<u> </u>	3b
83201	1 12-18	-08			Form 990 (2008)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

NM HIGHLANDS UNIVERSITY FOUNDATION

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization

Employer identification number

75-0121368

Pa	ותו	Reason	for Public Char	Ity Status (All organiz	ations mu	st comple	te this par	t) (see ins	tructions)				
Πhe	organ	ization is not a	a private foundation	because it is (Please ch	eck only o	ne organi	zation)						
1		A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2	\square	A school des	cribed in section 17	0(b)(1)(A)(II). (Attach Sc	hedule E)								
3		A hospital or	a cooperative hospit	tal service organization (described	ın section	170(b)(1)	(A)(iri). (At	tach Sche	dule H)			
4		A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in <mark>se</mark>	ction 170	(b)(1)(A)(i	ıi). Enter th	he hospital	's name	e,
		city, and stat	e										
5	X	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or of	perated by	a governi	mental un	ıt describe	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6		A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(I)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ribed in	1
		section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizati	on that normally rec	eives (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, n	nembersh	p fees, an	d gross red	ceipts f	rom
				nctions - subject to certa									
		income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization a	fter June 3	0, 197	5
		See section	509(a)(2). (Complete	the Part III)									
10		An organizati	on organized and or	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	4). (see ins	structions)			
11		An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the p	purposes o	f one o	r
		more publicly	supported organiza	itions described in secti	on 509(a)(1	1) or section	on 509(a)(2	2) See sec	ction 509(a)(3). Che	ck the box	that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h						
		a Type I	I b 🗀	Type II c	: 🔲 Тур	e III - Fund	tionally inf	tegrated		d 🗀	Type III - 0	Other	
е		By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dıs	qualified p	ersons oth	er thar	1
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2)	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	ns box									
g	1	Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
		(i) A person	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed	ın (II) and ((ııi) below,		Yes	No
		the gove	erning body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	9?					11g(iii)		
h		Provide the fo	ollowing information	about the organizations	the organ	ızatıon suj	pports.						
					T								
(i)	Name	of supported	(ii) EIN	(iii) Type of			(v) Did you		(vi) 19	s the	(vii) Am	ount of	
		inization				sted in your document?			organizáti (i) organiz	ed in the		port	
				above or IRC section			1 ' '		0.8	5.7			
				(see instructions))	Yes	No	Yes	No	Yes	No			
							-						
				*****							<u> </u>		
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						<u> </u>	<u> </u>			1			
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Γota	al												
								<u> </u>					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Sec	ction C. Computation of Public Support Percentage										
14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	64.31	%							
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	92.64	%							
16a	6a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and										
	stop here. The organization qualifies as a publicly supported organization		>	\mathbf{x}							
b	33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or more, ch	neck this box								
	and stop here. The organization qualifies as a publicly supported organization		>								
17a	10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, a	nd line 14 is	s 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Par	t IV how the	organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		. ▶								
b	10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 1	7a, and line	15 is 10% or								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	ın Part IV h	ow the								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	nızatıon	. ▶								
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see instr	uctions								
	Sche	dule A (For	m 990 or 990-F7\ 2	2008							

Sche	dule A (Form 990 or 990 EZ) 2008		B	0	1/01		Page 3
Pai	t III Support Schedule for C	organizations	Described in	Section 509(a))(2) (Complete only	if you checked the bo	ox on line 9 of Part I
	tion A. Public Support	(=) 2004	(h) 2005	(=) 2006	(4) 2007	(-) 200B	(O Total
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not					1	
	include any "unusual grants ")		-		 		
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		İ	1			
	iness under section 513						L
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 - 5	-					
7a	Amounts included on lines 1, 2, and						· -
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6) tion B. Total Support		<u> </u>]	<u> </u>	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)	•					<u> </u>
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						
<u>Sec</u>	tion C. Computation of Publ	ic Support Pe	rcentage	<u> </u>		1 1	
15	Public support percentage for 2008 (ine 8, column (f) c	livided by line 13,	column (f))		15	9/
	Public support percentage from 2007					16	9/
	tion D. Computation of Inve					, ,	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2008. If the	•					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly :	supported organiz	ation	▶∟

Schedule A (Form 990 or 990-EZ) 2008

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 NM HIGHLANDS UNIVERSITY FOUNDATION Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, II	75-0121368 Page 4 ine 10, Part II, line 17a or 17b.
or Part III, line 12 Provide any other additional information (see instructions)	
SCHEDULE A, PART II, SECTION B, LINE 10:	
INSURANCE REIMBURSEMENT FOR 2004: \$272	
INDURANCE REIMBURSEMENT FOR 2004. \$272	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection

Employer identification number

	NM HIGHLANDS UNIVE	RSITY FOUNDATION	75-0121368
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	
	organization answered "Yes" to Form 990, Part IV, lin	e 6	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
•	for charitable purposes and not for the benefit of the donor of	• • •	, h
Pai			
1	Purpose(s) of conservation easements held by the organizat		
-	Preservation of land for public use (e.g., recreation or public use)		orically important land area
	Protection of natural habitat	Preservation of certified	· · ·
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a conse	envation easement on the last day
_	of the tax year.		or anon addomant on the last day
	, , , , , , , , , , , , , , , , ,		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
q	Number of conservation easements included in (c) acquired	` '	2d
3	Number of conservation easements modified, transferred, re		<u> </u>
Ū	year ▶	modest, skiingelenet, en terrimitated by the	organization during the taxable
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	i
	enforcement of the conservation easements it holds?	, , , , , , , , , , , , , , , , , , ,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	ne organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o	·	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and bal	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	ic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service,	provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	· ·	gain, provide
	the following amounts required to be reported under SFAS 1	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	•	\$
b	Assets included in Form 990, Part X		. • \$
	E Police - A-A	- Ab- 1	0.1.41.77
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	e the instructions for Form 990.	Schedule D (Form 990) 2008

Schee		LANDS UNIV								Page 2
	Using the organization's accession and othe									
•	that apply)	rooordo, orlook arry	0, 1,10 10,10	ring the	it are a eigriir	oam ooo	O7 110 0011	2011011110	1113 (011001	
а	Public exhibition	d	Loa	n or exc	hange progra	ıms				
b	Scholarly research	e			nango progre					
c	Preservation for future generations	ŭ								_
4	Provide a description of the organization's co	ollections and explain	n how they t	further t	he organizatio	on's exen	not purpo	se in Par	t XIV	
5	During the year, did the organization solicit o	•	-		_					
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Trust, Escrow and Custodial					red "Yes	" to Form	990. Par		
	reported an amount on Form 990, Par	-		J					,	, -,
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for con	tribution	ns or other as	sets not	included			
	on Form 990, Part X?		,						Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table	9						
	•	•	J						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21?				<u> </u>		Yes	□ No
	If "Yes," explain the arrangement in Part XIV	, , .								
Par		f organization answe	red "Yes" to	o Form 9	990, Part IV, I	ne 10				
		(a) Current year	(b) Prior		(c) Two year		d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	3,682,725.								
b	Contributions	152,398.								
c	Investment earnings or losses	-724,549.								
d	Grants or scholarships	120,667.								
	Other expenditures for facilities									
	and programs					ŀ				
f	Administrative expenses	30,408.								
g	·	2,959,499.								<u>_</u>
2	Provide the estimated percentage of the year		s		•				•	
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶ 100.00	%								
c	· · · · · · · · · · · · · · · · · · ·	 **								
3a	Are there endowment funds not in the posse	ssion of the organization	ation that ar	e held a	ınd admınıste	red for th	ne organiz	ation		
	by.	ŭ							T ₁	es No
	(i) unrelated organizations								3a(i)	X
	(ji) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule	R?					3b	
4	Describe in Part XIV the intended uses of the	•								
Par					, Part X, line	10				·
	Description of investment	(a) Cost or o			or other		preciatio	n	(d) Book	value
	•	basis (investr		` '	(other)	(-,	•		(-,	
1a	Land			79	4,461.	-			794	,461.
	Buildings				0,237.	6	34,6	84.		,553.
c	Leasehold improvements					-				
ď	Equipment			•						
	Other .									
	Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colu	mn (B). line	10(c)				•	2.410	.014.

Schedule D (Form 990) 2008

21

832053 12-23-08

	dule D (Form 990) 2008 NM HIGHLANDS UNIVERSITY FOUNDA		<u>75-</u>	<u>0121368</u>	Page 4
Rai	t XI Reconciliation of Change in Net Assets from Form 990 to Fina	ncial Statements		- 	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,274,	232.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	<u></u>	870,	163.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		404,	069.
4	Net unrealized gains (losses) on investments	4		-651,	276.
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net) Add lines 4-8	9		-651,	276.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		-247,	
Par	t XII Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per l	Returr	1	
1	Total revenue, gains, and other support per audited financial statements		1	912,	602.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments 2a	-651,276	.		
b	Donated services and use of facilities 2b	192,179			
c	Recoveries of prior year grants 2c		7		
d	Other (Describe in Part XIV)	97,467	.]		
е	Add lines 2a through 2d		2e	-361,	630.
3	Subtract line 2e from line 1		3	1,274,	232.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV) 4b		7		
c	Add lines 4a and 4b	······································	4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	1,274,	
	t XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses pe			<u> </u>
1	Total expenses and losses per audited financial statements	 	1	1,159,	809.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			2,200,	0050
a	Donated services and use of facilities 2a	192,179	_		
b	Prior year adjustments 2b		1		
c	Losses reported on Form 990, Part IX, line 25		7		
ď	Other (Describe in Part XIV)	97,467	7		
e	Add lines 2a through 2d	3,710,	2e	289,	646.
3	Subtract line 2e from line 1		3	870,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			0,0,	105.
a	Investment expenses not included on Form 990, Part VIII, line 7b		1 1		
h	Other (Describe in Part XIV)		1 1		
6	Add lines 4a and 4b	1	1 40 1		0.
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		4c	870,	
	t XIV Supplemental Information		1 3 1	0,0,	105.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4. Part IV Junes	lb and '	2h Dort V Inc 4	Dort
	rt XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	ra and 4, r art rv, iii les	ib and a	ED, rait v, iiie 4	, i ait
	RT III, LINE 1A: THE ORGANIZATION RECEIVED A D	ONATION OF	ישים מ	מסות אפר	NC
1111	(1 111, BINE IA: THE ORGANIZATION RECEIVED A L	ONATION OF A	71/ 1 11/	OKK DOKI.	NG
THE	E TAX YEAR AND SUBSEQUENTLY GAVE IT TO NEW MEX	CICO HIGHLANI	<u>ာ် တ</u>	NIVERSIT	Y
<u>(N</u> 1	MHU) TO BE HELD FOR PUBLIC EXHIBITION AND EDUC	CATION IN FU	RTHE	RANCE OF	
PUI	BLIC SERVICE RATHER THAN FINANCIAL GAIN. FORM	1 8282 WAS NO	OT F	ILED AND	IS
<u>00</u>	REQUIRED TO BE FILED SINCE THE DONATION AND	SUBSEQUENT (<u>SI</u> FT	TO NMHU	
<u>r 01</u>	FILLS THE ORGANIZATION'S EXEMPT PURPOSE.			<u> </u>	_

Schedule D (F

Schedule D (Form 990) 2008

PART V, LINE 4: THE ORGANIZATIONS ENDOWMENT FUND IS USED TO PROVIDE

Rart XIV Supplemental Information (continued)	UNIVERSITY FOUNDATION	/5-U121368 Page 5
SCHOLARSHIPS TO STUDENTS AND PROM	OTE FACULTY ADVANCEMENT	•
PART XII, LINE 2D - OTHER ADJUSTM	ENTS	······································
INTERFUND TRANSFERS:	97,467	
TOTAL PART XII, LINE 2D	97,467	
PART XIII, LINE 2D - OTHER ADJUST	MENTS	
INTERFUND TRANSFERS:	97,467	
TOTAL PART XIII, LINE 2D		
	-	

SCHEDULE I								OMB NO	OMB No 1545-0047
(Form 990)			Grants and Governr	ants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	e to Organizations luats in the U.S.				2008
Department of the Treasury Internal Revenue Service		► Compl	► Complete if the organizatio	in answered "Yes," on F	," on Form 990, Pa	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22.		Open	Open to Public Inspection
Name of the organization	on NM HTGHLANDS	S INTVERSITY	1	FOINDATION				Employer identification number 75-0121368	tentification number 75-0121368
Part I General In	General Information on Grants and Assistance	Assistance	1						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select		
	criteria used to award the grants or assistance?	nce?			i			X Yes	2
힗	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for monit	oring the use of grant	funds in the United	d States				
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	vernments and	Organizations in the	e United States. C	omplete if the orga	ınızatıon answered "Y	es" on Form 990, Part	IV, line 21, for any	[
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	000 Check this	box if no one recipier	it received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if additions	al space is needed	A
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	f grant ice
NEW MEXICO HIGHLANDS UNIVERSITY	NDS UNIVERSITY								
PO BOX 9000				į	¢				S S S S S S S S S S S S S S S S S S S
LAS VEGAS, NM 87701		75-0121368	STATE OF NEW MEXICO	ICO 174,284.	0			SCHOLARSHIPS FOR STUDENTS	STUDENTS
								:	
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	government or	ganizations					•	1.
3 Enter total numb	Enter total number of other organizations							•	0
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	m 990) 2008

1

Page 2

75-0121368

NM HIGHLANDS UNIVERSITY FOUNDATION

Schedule 1 (Form 990) 2008

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Inspection

Name of the organization

Attach to Form 990.

Employer identification number 75-0121368

	NM HIGHLANDS	UNIVE	RSITY F	OUNDATION		75-	0121	<u> 368</u>	<u></u>
Par	t I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if applicable	Number of	Revenues reported Form 990, Part VIII, lin		Method of det revenue		9	
		applicable	Contributions	1 01111 990, Fait VIII, III	ie ig				
1	Art - Works of art	X	1	163,4	50.A	PPRAISAL VA	LUE		
2	Art - Historical treasures								
3	Art - Fractional interests		_						
4	Books and publications								
5	Clothing and household goods					·			
6	Cars and other vehicles			_					
7	Boats and planes								
8	Intellectual property								
9	Securities · Publicly traded								
10	Securities · Closely held stock					· · ·			
11	Securities · Partnership, LLC, or								
	trust interests								
12	Securities · Miscellaneous								
13	Qualified conservation contribution				ŀ				
	(historic structures)								
14	Qualified conservation contribution (other)								
15	Real estate - Residential								
16	Real estate - Commercial						_		
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other								
26	Other • ()								
27	Other								
28	Other (
29	Number of Forms 8283 received by the organ	zation durin	g the tax year	for contributions					
	for which the organization completed Form 82	183, Part IV,	Donee Acknow	vledgment	29			2	
								Yes	No
30a	During the year, did the organization receive b	y contributi	on any propert	y reported in Part I, line	es 1-28 t	that it must hold for			
	at least three years from the date of the initial	contribution	ı, and which is	not required to be use	d for exe	empt purposes for			
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that i	equires the rev	view of any non-standa	rd contr	ibutions?	31	X	
	Does the organization hire or use third parties	or related o	rganizations to	solicit, process, or sel	II noncas	sh		-	
	contributions?						32a		X
b	If "Yes," describe in Part II.	•		•					
33	If the organization did not report revenues in o	column (c) fo	or a type of pro	perty for which column	n (a) is ch	necked,			
	describe in Part II	- \\-,	,, m		. ,				
	For Privacy Act and Denominary Paduction	- A - A Nodio	4b . 1 4	westians for Form 000		Schodula	M / C = ===	0001	0000

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NM HIGHLANDS UNIVERSITY FOUNDATION

Employer identification number 75-0121368

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HIGHLANDS UNIVERSITY. ITS PURPOSE IS TO SOLICIT, RECEIVE AND MANAGE
FUNDS CONTRIBUTED BY INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS FOR THE
BENEFIT OF THE UNIVERSITY AND ITS STUDENTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STUDENTS.
FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY THE
FINANCE OFFICER AND EXECUTIVE DIRECTOR. IT IS THEN PROVIDED TO THE BOARD
OF DIRECTORS FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION IS IN THE PROCESS
OF DRAFTING AND APPROVING A WRITTEN CONFLICT OF INTEREST POLICY. THE
POLICY WILL BE REVIEWED AT THE NEXT SCHEDULED BOARD MEETING WHICH OCCURS IN
JULY 2010. THERE HAVE BEEN NO INCIDENCES OF CONFLICT FOR THE YEAR ENDING
6/30/09.
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATIONS FORM 1023 & 990
ARE AVAILABLE UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE TO THE PUBLIC
THROUGH GUIDESTAR AT WWW.GUIDESTAR.ORG.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

UPON SPECIFIC REQUESTS BY INDIVIDUALS OR ORGANIZATIONS.

Schedule O (Form 990) 2008

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BASED

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization **Employer identification number** NM HIGHLANDS_UNIVERSITY FOUNDATION 75-0121368 FORM 990, PART IV, LINE 12 THE ORGANIZATION HAD AUDITED FINANCIALS PREPARED FOR THE CURRENT YEAR AS PART OF A CONSOLIDATED GROUP.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Open to Public Inspection

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Employer identification number 75-0121368 OMB No 1545-0047 2008 ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▶ See separate instructions. NM HIGHLANDS UNIVERSITY FOUNDATION Identification of Disregarded Entities Name of the organization

	(F) Direct controlling entity		
	(D) (E) Total income End-of-year assets		
	(D) Total income		
	(C) Legal domicile (state or foreign country)		
	(B) Primary activity		
Part I Identification of Disregarded Entities	(A) Name, address, and EIN of disregarded entity		
Part			

Part II Identification of Related Tax-Exempt Organizations	ations				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NEW MEXICO HIGHLANDS UNIVERSITY - 75-0121368 PO BOX 9000			-		NEW MEXICO HIGHLANDS
LAS VEGAS, NM 87701	HIGHER EDUCATION	NEW MEXICO	STATE OF NM		BOARD OF REGENTS
	- 				

Schedule R (Form 990) 2008

A,

General or managing partner? Percentage ownership Schedule R (Form 990) 2008 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Yes No Disproportion-Î Share of total income Œ Share of end-of-year assets Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity <u>e</u> Predominant income (related, investment, unrelated) Œ Legal domicile (state or foreign country) 0 (D)
Direct controlling entity Primary activity **@** Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) Part III Identification of Related Organizations Taxable as a Partnership ତ Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 12-23-08 Part IV

3,

Schedule R (Form 990) 2008 NM HIGHLANDS UNIVERSITY FOUNDATION

Part V Transactions With Related Organizations

		-	-	İ
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		>	Yes	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		\dashv	×	
b Gift, grant, or capital contribution to other organization(s)		Q	×	
c Gift, grant, or capital contribution from other organization(s)		10	×	ار
		1d	X	
		4	×	
e Logis of Ioal gualantees by other organization(s)				
f Sale of assets to other organization(s)		7	×	
Purchase of assets from other organization(s)		ţ	×	١.,
		4	>	
h Exchange of assets		+	+	اد
i Lease of facilities, equipment, or other assets to other organization(s)		;=	×	1
i Lease of facilities, equipment, or other assets from other organization(s)		-	×	
k Performance of services or membership or fundratising solicitations for other organization(s)		¥	×	ال
Performance of services or membership or fundraising solicitations by		=	×	ا
		£	×	
		1-	×	
o Reimbursement paid to other organization for expenses		10	×	ارا
		1p	X	u
q Other transfer of cash or property to other organization(s)		p t	×	
		+	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds		!	- 1
(A)	8	Q		
Name of other organization(s)	Transaction type (a-r)	Amount involved	olved	
(1) GIFT OF ARTWORK TO UNIVERSITY	В	163	163,450.	-
(2) LEASE INCOME RECEIVED FROM UNIVERSITY	Н	371	,606.	•
	1		ŧ.	١.
(3) SALARIES PAID BY NEW MEXICO HIGHLANDS UNIVERSITY	Z	283	, 696	
(4)				1
(5)				
(9)				
3.1	Sche	Schedule R (Form 990) 2008	990) 200	80

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Schedule R (Form 990) 2008 NM HIGHLANDS UNIVERSITY FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

יומן אמט ווטן מיסימים איני איני איני איני איני איני איני אי			Ę	ű	ý	9	1
(A)	(g)	3	<u> </u>			9	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- vear assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
		country)	Yes No			of Schedule K-1 (Form 1065)	1 1
					_		
			-				
							-
					_		
							<u> </u>
						Schedule R (Form 990) 2008	n 990) 2008

32

Form	8868 (Rev 4-2009)			Page 2			
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check th	is box		▶ X			
	. Only complete Part II if you have already been granted an automatic 3-month extension on a previously		8868				
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Pai	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies	needed)				
Туре	or Name of Exempt Organization	Emp	loyer iden	tification number			
print	WM HIGHLANDS UNIVERSITY FOUNDATION		5-012	1368			
File by extend due da filing th	Number, street, and room or suite no 11 a P O box, see instructions	For I	RS use on				
return	See City, town or post office, state, and ZIP code. For a foreign address, see instructions						
	ck type of return to be filed (File a separate application for each return) Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041 A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 5227 orm 6069	Form 8870			
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a pre	viously fil	ed Form 8	868			
	DARLENE CHAVEZ the books are in the care of 905 UNIVERSITY AVE - LAS VEGAS, NM 87						
	elephone No ► (505) 454 – 3223 FAX No ► (505) 454 – 3	3006		رجا ,			
	the organization does not have an office or place of business in the United States, check this box	16.11-		▶			
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			e group, check this			
box 4	If it is for part of the group, check this box and attach a list with the names and EINs of the groups that a state of the groups of time until MAY 15, 2010	or an memi	Jers trie ex	terision is for			
5	For calendar year , or other tax year beginning JUL 1, 2008 , and endi	na JUN	1 30,	2009			
6	If this tax year is for less than 12 months, check reason Initial return Final return			accounting period			
7	State in detail why you need the extension			3,			
-	TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GA	THER	INFOR	MATION			
	NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.						
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any						
	nonrefundable credits. See instructions	8a	\$				
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid]				
	previously with Form 8868	8b	\$				
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructi	ons 8c	\$	N/A			
	Signature and Verification						
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form							
Signa	ture > Marla Castner Title > CPA	Date	≥ 2	-10 -10			
			For	m 8868 (Rev 4-2009)			

823832 05 26-09