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### Form **990**

### **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)

2011

2011

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

A	For the 2	011 cale	ndar year, or tax year	beginning	July 1	, 2011,	and endin	ıg Ju	ne 30	, 20 12	
В	Check if ap	plicable	C Name of organization	NMMI Foundat	tion, Inc.				D Employe	er identification i	number
	Address ch	ange	Doing Business As	•					1	85-6010718	
	Name chan	•	Number and street (or F	O box if mail is	not delivered to st	reet address)	Room/su	ite	E Telephor	ne number	
$\overline{\Box}$	Initial return	•	101 W. College Blvd							575-624-8035	
$\exists$	Terminated		City or town, state or co	ountry, and ZIP +	4		<u>.                                    </u>				
$\exists$	Amended r		Roswell, NM 88201	•					<b>G</b> Gross re	ceints \$	5,722,640
$\exists$			F Name and address of p	rincipal officer	limmy Rarnes	, President & C	CEO.	LI/a) le thu		for affiliates? <b>Ye</b>	
ш	Application	penung	Same as "C" above	riricipai officei	Juliny Danies	, i resident a c	JE0				
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<u>!</u>	Tax-exemp		501(c)(3)	501(c) (	) (insert no)	☐ 4947(a)(1) or	527	<b>-</b> -		-	•
	Website:		Corporation Trust	Association	☐ Other ►	I v	as of formal		p exemption		N/A NM
_				Association	Other P	Lie	ear of format	1945	M State	of legal domicile	INIVI
		Summ	<del> </del>	ion's mission	or most signifi	cont actuation	Thom	iccion of th	. Foundatie	on ic to crosto	<del></del>
	I .	-	escribe the organizat		_						!
9			and administer an en		<i>-</i>						
Activities & Governance			, scientific and literary							IIVII; to	
ern			or scholarships; and								
Š			is box ▶ ☐ if the org						1 1	its net assets.	
æ			of voting members o	-							13
es			of independent votin						. 4		12
Ξ	5 T	otal nur	mber of individuals e	mployed in ca	ılendar year 20	111 (Part V, lin	e 2a) .		. 5		3
Ş			nber of volunteers (e						. 6		0
•			elated business reve				<u> </u>		. 7a		0
	b N	let unre	lated business taxab	le income fro	n Form 990-(T	me BAFD.	] .		. 7b		0
							-01	Prior \	fear ear	Current	<b>Year</b>
Revenue	8 C	ontribu	tions and grants (Pai	t VIII, line 1h)	SI NOV	46	ાજા- L		464,638		483,818
	9 P	rogram	service revenue (Par	t VIII, line 2g	الم منهد الع	1 9 2012	191. [		95,819		143,561
Š	10 Ir	ivestme	ent income (Part VIII,	column (A), fi	nes <del> 3, 4, a</del> nd 7	d)	131		1,021,262		1,093,922
Œ	11 C	ther rev	venue (Part VIII, colui	nn (A), lines 5	6, 6d (8) (94,71)	Ocand 11e).	<u> </u>		332,737		311,516
			enue—add lines 8 thr				ine (2)		1,914,456		2,032,817
	<b></b>		nd similar amounts p						1,340,084		1,668,626
	1		paid to or for member				[		0		0
s	1		other compensation,	-			5–10)		265,363		269,904
ıse	1		onal fundraising fees		-	• •			0		
Expenses	1		draising expenses (F				03,179	*, , ( •	T. 18 643	30435	
Ж	1		penses (Part IX, colu						291,961		253,614
			penses. Add lines 13				5)		1,897,408		2,192,144
			less expenses. Sub				· ·		17,048		(159,327)
		io voltad	1000 CAPONOCO. COD	tract in to to tr	01111110 12 .	<u> </u>		Beginning of C		End of Y	
sets or	20 T	'otal acc	sets (Part X, line 16)				ŀ		39,703,753	-	18,196,083
Asse	21 T		oilities (Part X, line 26	· · · · · · · · · · · · · · · · · · ·			' ' ' <del> </del>		660,091		596,811
Net Asse Fund Bal	22 1		ets or fund balances.	•		<i>.</i>	`	-	39,043,662		37,599,272
	art II		ture Block	Cabiract iii.c	21 110111 11110 2						,000,272
_			ury, I declare that I have ex	ramined this retur	m including accor	noanvino scheduli	es and state	ments and to	the hest of r	ny knowledge ac	nd helief it is
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<del>50</del>		<u> </u>	<i>0</i> .		R					114/12-	
Sig	an l	Sign	nature of officer	~~~	<del>∠a</del> ~				Date	1111	
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		Typ	e or print name and title	Mily	OHICKE	<u>.                                    </u>	FICO	3/261			
	<u>-</u> _	<u>,</u>	pe preparer's name	Pre	parer's signature		ď	ate	<del>-,</del>	PTIN	
Pa	aid	1 '	e an annual a name						Check   self-emp	if [	
<u>P</u> r	eparer	-					I.			5.0,00	
ទ្រ	eparer se Only	Firm's i		· · · · · · · · · · · · · · · · · · ·					rm's EIN ▶		
2		Firms	address ► ss this return with the	nrenarer sho	wn above? (se	e instructions	3	P	none no		ac [/] No
	<del></del>		<del></del>			e manuchons		11- 110001			990 (2011)
FOI	raperwo	rk Redi	action Act Notice, see	uie separate i	กรเกินติเดิกร์.		Cat I	No 11282Y		FUITI	JJU (2011)

Part !	
	Check if Schedule O contains a response to any question in this Part III
,1	Briefly describe the organization's mission:
	Create, maintain and administer an endowment fund for the benefit of New Mexico Military Institute (NMMI) to be used for research, scientific and literary purposes; for increasing the building, equipment and other facilities of NMMI; to
	provide for scholarships; and to promote generally the growth, welfare, and maintenance of NMMI
	provide for scholarships, and to promote generally the growth, wehate, and maintenance of Niniwi
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 673,628 including grants of \$ 0 ) (Revenue \$ 0 )
	The NMMI Foundation maintains over 90 endowed scholarship funds and over 25 annual donor scholarship funds for
	the benefit of NMMI cadets. Earnings from the endowments and annual donations are paid directly to NMMI to provide
	scholarships to NMMI cadets at the high school and junior college level. The scholarships have varying criteria specified
	by the donor; for example scholarships may include merit-based and/or need-based requirements. NMMI has established a
	Scholarship Committee that facilitates the fair and impartial granting of all scholarships in accordance with NMMI
	policies and procedures and donor stipulations.
	NMMI estimates that nearly 96% of cadets in the junior college program receive some form of financial assistance,
	which includes scholarship funding. Nearly 73% of the high school cadets receive some scholarship assistance.
	NMMI's maximum capacity is about 1,000 cadets 375 cadets received scholarships from Foundation provided funds in
	the 2011-2012 school year. It is estimated that 400 cadets will receive scholarships during the 2012-2013 school year.
4b	(Code: ) (Expenses \$ 238,140 including grants of \$ 0 ) (Revenue \$ 0 )
7.0	The NMMI Foundation maintains approximately 20 endowments whereby earnings are used to fund NMMI Leadership
	Reaction Course programs, Low/High Ropes Course facilities and general Leadership projects and activities. The
	Daniels Leadership Center (DLC) serves over 900 cadets each year through use of state of the art technologies and classrooms Programs and services are provided to internal and external constituencies and include the
	Low/High Ropes Course and the Leadership Reaction Course which provide leadership challenges and growth
	to both cadets and professionals. These facilities help build self confidence, trust and teamwork in challenges that teach,
	test and reinforce sound leadership practices. These facilities are used to train over 900 cadets annually with over
	600 cadets using the facilities multiple times throughout the school year. Over 100 participants from the community
	and over 500 youth throughout the state use the facilities annually
	and over 500 your throughout the state use the facilities aimidally
4c	(Code: ) (Expenses \$ 153,610 including grants of \$ 0 ) (Revenue \$ 0 )
	The NMMI Foundation maintains ten endowments whereby earnings are used, along with other designated annual donor
	contributions, to provide support for certain NMMI academic programs Expenditures from these programs include support
	for faculty and cadets. Support for over 45 faculty members included funds for conference attendance, training programs, academic
	academy, professional development and related travel and lodging.
	abderny, protessional development and related development
	Cadet programs supported include Close-Up (20 cadets attended workshops and seminars at the Capitol in Washington, D.C. to
	learn about government), field trips, band and choir travel, academic achievement programs and lyceum programs. Over 100 cadets
	participate in these programs.
	F
	Other uses of funds include faculty enhancement support for employees of the learning resource center, purchase of library books
	and purchase of academic software and equipment.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 732,354 including grants of \$ 0 ) (Revenue \$ 0 )
40	Total program service expenses 1.797.732

Part	V Checklist of Required Schedules			
			Yes	No
٦,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			 
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	ı —
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	i	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		·•	
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		i	İ
	Part III	5		✓
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
6	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			1
-	·	6		<del></del>
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	✓	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			ı
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
	complete Schedule D, Part IV	9		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			ĺ
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1
	VII, VIII, IX, or X as applicable.			ł
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	'		ĺ
	complete Schedule D, Part VI	11a	✓	l
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		<u> </u>	
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<del>                                     </del>
<b>-</b>	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<u></u>
	the organization's separate or consolidated infancial statements for the tax year include a footilote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
10 -	·	Н"		<b>-</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		✓	
		12a		<del> </del>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1	•	1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		١,	1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	<u> </u>
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, Parts II and IV	15	L	1
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, Parts III and IV	16	L	✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<b>/</b>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		1
20 a		20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N	IA
<u> </u>	in the commercial and the differences and an additional and an analysis in an analysis and an		m <b>9</b> 90	(2011)

Form 99	0 (2011)		1	Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>✓</b>
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	N,	A
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a	ΝŽ	A V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		1
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,			

38

Part				
	Check if Schedule O contains a response to any question in this Part V	<del></del>	Yes	No
` 1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   23	$\dashv$		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ		;
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	j		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			!
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?			-
3a b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	4//	<u>~</u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 00	<i>7V 11</i>	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	✓	
b	If "Yes," enter the name of the foreign country. ▶ Cayman Islands, Ireland and Bermuda			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			البيا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del>√</del>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	~//	<u> </u>
Va	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	N	A
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_~-	ا - ر - ا	
	and services provided to the payor?	7a	<b>√</b>	<del></del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>✓</b>	<del></del>
·	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	~ ***	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g	_//	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	$\mathcal{N}$	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			:
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		10
9	Sponsoring organizations maintaining donor advised funds.			[. ]
а	Did the organization make any taxable distributions under section 4966?	9a		A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N	A
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		ĺ	1
a b	Gross income from other sources (Do not net amounts due or paid to other sources			Í '
-	against amounts due or received from them.)		_	ا ا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N	VÄ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A		7	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<b> </b>	نسيا
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	A
<b>L</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		1	<b>'</b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	مَيا	V/A
		Fon	m <b>99</b> 0	(2011)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Si			
	Check if Schedule O contains a response to any question in this Part VI			
Section	on A. Governing Body and Management	<u>· · ·</u>	<del></del>	
00011	77771 dotorning Body and Managoment		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   13		^ .	
	If there are material differences in voting rights among members of the governing body, or	ટ	1. 1.	
	if the governing body delegated broad authority to an executive committee or similar	,	-	1
	committee, explain in Schedule O.	,	, ,	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 12	1		
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?	2	✓	,
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?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<b>√</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	~
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	✓	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ие С</u>		$\overline{}$
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		├
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	NI	A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	<del> </del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	-	<u> </u>
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	
14	Did the organization have a written document retention and destruction policy?	14	<b>/</b>	<del> </del>
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?	1		. ;
а	The organization's CEO, Executive Director, or top management official	15a	✓_	ļ
b	Other officers or key employees of the organization	15b	<b>✓</b>	<u> </u>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		-	:
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<u>′</u> 16a	-	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			'
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	زتير	A
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ New Mexico			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(	(c)(3)s	only)
	✓ Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	finte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	€	
	organization: ► Jimmy Barnes, President & CEO; 101 W. College Blvd.; Roswell, NM 88201; 575-624-8035			

	•
-auc	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employ	ees, Highest	Compensated	l 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. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

☐ Check this box if neither the organization nor	any related	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week	box, office	unles er and	Pos eck s pe d a d	more rson rect	than one that the theorem is the the	an ee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Steve Elliott Chairman of the Board	_			,						_
P.O. Box 1328; Santa Fe NM, 87504	5	<b>✓</b>		✓			<u> </u>	0	0	0
(2) James A. Solomon Vice-Chairman				١,						•
166 Sonterra Dr.; Alto, NM 88312	2	<u> </u>	-	<b>✓</b>	_			0	0	0
(3) Bill Armstrong, Jr. Secretary	2	1	İ	/			İ	0	اه	0
P.O. Box 2106; Roswell, NM 88202		<u> </u>		<b>-</b>	_		┢			
(4) Dick Waggoner Treasurer P.O. Box 1027; Roswell, NM 88202	2	1		/				0	اه	0
(5) Jimmy Barnes President & CEO		<del>- '</del>		<b>  •</b>		-		<del>-</del>		
101 W. College; Roswell, NM 88201	40	✓		1		1		87,838	0	0
(6) Lance Benham Member 3775 E. Hefner Rd.; Oklahoma City, OK 73131	1	/						0	o	0
(7) T. Blair Bouchier Alumni Rep - Non-Voting	<del> </del>	<b>                                     </b>				<del>                                     </del>	-	<u> </u>	<del> </del>	
P.O. Box 2571; Taos, NM 87571	1	1						0	0	0
(8) Jesse F. Eckel Member; NMMI Regent	•	<u> </u>	-				-			
P.O. Box 1778; Roswell, NM 88202	1 1	1						0	0	0
(9) MG Jerry Grizzle NMMI President & Ex-Officio Non-Voting 101 W. College; Roswell, NM 88201	1	1						0	0	0
(10) Phillip Ingram, Regent Apt; 7410 Montgomery NE; Suite 203; Albuquerque, NM 87109	1	1						0	0	0
(11) S.P. "Buzz" Johnson, III Member 2611 Coronado Dr.; Roswell, NM 88201	1	1						0	0	0
(12) Harris Kerr Member 1701 N. "L" Street; Midland, TX 79705-3027	1	1						0	o	0
(13) Stephen D. Paternoster Member; NMMI Regent 3500 Central Ave, SE; Albuquerque, NM 87106	1	1				!		. 0	0	0
(14) Jesus Salazar Member 2521 Elfego Rd. NW; Albuquerque, NM 87107	1	1						O	0	0

Part	YII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, aı	nd F	lighes	st C	ompensated E	mployees (co	ntınu	ed)	
					•	C)							
	(A)	(B)	(do n	ot ch		ition more	e than c	one	(D)	(E)		(F)	
	Name and title	Average	box,	unles	ss pe	rson	ıs both	an	Reportable	Reportable compensation fr	_	Estimated amount of	
		hours per week					or/trust	<del>,                                    </del>	compensation from	related	0111	other	
		(describe	교	nstii	Officer	Key employee		Former	the	organizations (W-2/1099-MIS		compensation	
		hours for related	rect it	L T	ğ	<u> </u>	log est	e	organization (W-2/1099-MISC)	(W-2/1099-MIS	<sup>()</sup>	from the organization	
		organizations	악함	nal		ğ	° §	İ	,			and related	
		ın Schedule O)	Individual trustee or director	Institutional trustee		8	pen					organizations	
		-,		6			Highest compensated employee						
(15) So	an E. Schooley Alumni Rep - Non-Voting				$\vdash$	-		╌	<del> </del>				
32	Elm Street; Roswell, NM 88201	1	1						0		0		0
	vid R. Vandiver Member	•	Ė							_			<u> </u>
	Quay; Artesia, NM 88210	1	1				İ		o		0		0
445						Г						-	
3		ĺ						ļ					
(18)													
(19)				1							1		
<u> </u>					<u> </u>	ļ							
(20)		Į	ļ		ļ			ŀ					
				<u> </u>	<u> </u>	<u> </u>		<u> </u>			_		
(21)				ļ									
(00)				<del> </del>	_	-		-			-		
(22)				l									
(22)		-		-	-	$\vdash$		╁			-		
(23)		1								į			
(24)		<del> </del>		╁	╁╌	├	<del>                                     </del>	1	<del> </del>		-		
\ <del>2.7</del> /		1		ļ				1					
(25)				一	<del>                                     </del>	<del>                                     </del>					_		
37.7		1											
1b	Sub-total			•	٠.			▶	87,838		0		0
С	Total from continuation sheets to Part	VII, Section	n A					▶	0		0		0
d	Total (add lines 1b and 1c)	. <u></u> .						<b>•</b>	87,838		0		0
2	Total number of individuals (including bu			nose	e lıs	ted	abov	e) v	ho received m	ore than \$100	0,000	) of	
	reportable compensation from the organ	ization ► 0	)										
_									1				No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	ployee, or nigi	iest compen	satec	3	~
_	· · ·							· 			+h-		<u>√</u>
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	ропа	DIE 150	COL	npe าว /	nsauc f "Vo	on a	and other comp complete Sci	pensalion iroi nedule .l for	nune		, 1
	individual				,000			,				4	·
5	Did any person listed on line 1a receive of			nsa	Itior	· i fro	m an	v ur	related organi	zation or indiv	/idua		<del></del> ,
3	for services rendered to the organization	? If "Yes," (	comp	lete	Sc	hed	ule J	for .	such person			5	1
Section	on B. Independent Contractors								<u>-</u> <u>-</u> -				<u> </u>
1	Complete this table for your five highest	compensa	ted in	dep	enc	lent	cont	ract	tors that receiv	ed more than	\$100	0,000 of	
	compensation from the organization. Re	port compe	ensati	on f	or t	he d	calend	dar	year ending wi	th or within th	e org	ganization's ta	x
	year.												
	(A)								(B)			(C)	
	Name and business add	dress						$\perp$	Description of	services		Compensation	
								1					
							_	$\perp$				<del></del>	<del></del> -
		<del></del>					<del></del>	+					
						_	<u> </u>	+	<u></u>				
	Total number of independent contract	ore (includ	ina h	11+ -	not.	lim	ted t	1	hose listed at	nove) who		,	
2	received more than \$100,000 of compen							(	n	.510, 11110	H		-
	TOUGHTOU THOSE THAT WITHOUTOU OF COMPEN			. <del>y</del> u					<u>·</u>			1	

Part	УШ	Statement of Reve	nue						
The state of the s					:	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1a	Federated campaigns		1a					1
Grants	b	Membership dues .		1b					•
S, G	С	Fundraising events .		1c	22,230				į
ar,	d	Related organizations		1d					1
iE,	е	Government grants (con		1e					
ti S	f	All other contributions, gr				İ			í
혈美		and similar amounts not inc		1f	461,588				-
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ			11,708		į		<b>\$</b>
_	h	Total. Add lines 1a-11	<u>f</u>	· · ·		483,818			
une	_				Business Code				
eve	2a	Fund Raising Services			900099	49,883	49,883		
e e	b	Increase-Cash Value o	f Life Ins		900099	93,678	93,678		
ğ	C								
J Se	d		·						
Ta	e	All other program con							
Program Service Revenue	f g	All other program sent Total. Add lines 2a-21			•	143,561			<u> </u>
_	3	Investment income (				143,301	····		
	_	and other similar amo				418,795			418,795
!	4	Income from investment	· ·		,				
	5	Royalties		•		719		· · - · · · · · · · · · · · · · · · · ·	719
		[	(i) Real		(ii) Personal			-	f
	6a	Gross rents	33	1,138		ŀ			
	b	Less: rental expenses							
	С	Rental income or (loss)	33	1,138					
	d	Net rental income or (		<u> </u>	🕨	331,138			331,138
	7a	Gross amount from sales of	(ı) Securit	es	(ii) Other				
		assets other than inventory	4,33	5,899					
	b	Less: cost or other basis			İ				-
-		and sales expenses .		0,772					1
	C	Gain or (loss)		5,127		077.407			075 407
	d	Net gain or (loss) .			▶	675,127		<del></del>	675,127
e l	8a	Gross income from fu	ındraisina		!				į
en	- Ou	events (not including \$	22,23	ın.	1				
Revenue		of contributions reporte							1
					7,219				
Other	ь	Less: direct expenses	s	. b					
٥	С	Net income or (loss) fi			events . >	(21,832)			(21,832)
	9a	Gross income from ga							
		See Part IV, line 19 .		· a					
	b	Less: direct expenses							
	С	Net income or (loss) f			ivities ►				
	10a	Gross sales of in							1
	l .	returns and allowance		· u					
	b	Less: cost of goods s							· ·
	<u>c</u>	Net income or (loss) f		OI IIIV	Business Code				
	110				900099	750	750		
	11a   b	Administrative Support Rebate			900099	730	730	<u> </u>	<del> </del>
	6	Copy charges			900099	18	18		
	ď	All other revenue .		•••••					
	e	Total. Add lines 11a-				1,491			
	12	Total revenue. See in				2,032,817	145,052	0	1,403,947

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response not include amounts reported on lines 6b, 7b,	(A)		(C)	<u>.</u> (D)
3b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,600,211	1,600,211		
2 Grants and other assistance to individuals in	1,000,211	1,000,211		
the United States. See Part IV, line 22	68,415	68,415		
3 Grants and other assistance to governments,	·			
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members [				
5 Compensation of current officers, directors,				
trustees, and key employees	94,531		94,531	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	112,493		40,493	72,000
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	22,492		14,644	7,848
9 Other employee benefits	25,451		17,542	7,90
10 Payroll taxes	14,937		9,622	5,31
11 Fees for services (non-employees):				_
a Management	177		112	6:
b Legal	9,381		9,381	
c Accounting	14,697	7 200	14,697	
d Lobbying	7,398	7,398		
e Professional fundraising services See Part IV, line 17	92,203	69,152	23,051	
f Investment management fees	1,732	1,732	23,051	
g Other	2,620	1,732	<del>-</del>	2,620
13 Office expenses	14,513		11,708	2,80
14 Information technology	3,316		3,316	
15 Royalties	5,010			
16 Occupancy				
17 Travel	3,826		344	3,48
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .	4,192		3,057	1,13
20 Interest	-			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . [	640		640	
23 Insurance	16,405		16,405	
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a Donor Life Insurance Program	36,518	36,518		
b Property Taxes and Maintenance	31,690		31,690	
c Staff and Faculty Support	14,306	14,306		
d	· · · · · · · · · · · · · · · · · · ·			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,192,144	1,797,732	291,233	103,17
Joint costs. Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign and				
fundraising solicitation. Check here F  if			}	
following ŠOP 98-2 (ASC 958-720)				Form <b>990</b> (201

	1 2		(A) Beginning of year		(B)
		<del></del>	3 3 ,		End of year
	2	Cash—non-interest-bearing	65,220	1	110,413
	_	Savings and temporary cash investments	152,825	2	498,526
	3	Pledges and grants receivable, net	541,092	3	506,547
	4	Accounts receivable, net	40,538	4	20,988
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
(3	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,316	9	3,379
	10a	Land, buildings, and equipment, cost or			
		other basis. Complete Part VI of Schedule D 10a 6,508,174		ļ	
1	b	Less: accumulated depreciation 10b 18,447	6,650,320	10c	6,489,727
	11	Investments—publicly traded securities	13,625,599		12,429,948
	12	Investments—other securities. See Part IV, line 11	17,255,618		16,734,391
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<del></del>
	15	Other assets. See Part IV, line 11	1,369,225	15	1,402,164
	16	Total assets. Add lines 1 through 15 (must equal line 34)	39,703,753	16	38,196,083
	17	Accounts payable and accrued expenses	283,903	17	224,246
	18	Grants payable		18	·
	19	Deferred revenue	376,188	19	372,565
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26		660,091		596,811
ses	20	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	000,031		330,611
ig	27	Unrestricted net assets	14,628,585	27	14,252,713
अवध्या	28	Temporarily restricted net assets	6,538,088		5,502,467
9	29	Permanently restricted net assets	17,876,989		17,844,092
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	. :		
S	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>5</u>	33	Total net assets or fund balances	39,043,662	33	37,599,272
-	34	Total liabilities and net assets/fund balances	39,703,753		38,196,083

Page 12	Page	12	
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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	• •	<u> </u>
	Total revenue (must equal Part VIII, column (A), line 12)	1		2 03	2,817
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,144
3	Revenue less expenses. Subtract line 2 from line 1	3			,327)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			3,662
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,063)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	<del></del>		(1,200	,003)
О	column (B))	6		37 50	9,272
Part	XII Financial Statements and Reporting	•		37,33	J, L , L
1 41 6	Check if Schedule O contains a response to any question in this Part XII				
	Ondok ii danadab d danama a raspansa ta any quadian ii kilia katawii		· · · · ·	Yes	No
1	Accounting method used to prepare the Form 990.  Cash Accrual Other			,	1
•	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	in .		1457
	Schedule O.		1.3	17.7	**************************************
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Were the organization's financial statements audited by an independent accountant?		2b	1	<u> </u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersial	nt		
Ĭ	of the audit, review, or compilation of its financial statements and selection of an independent accou	_		✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	in "	4	£ 2 . 3
	Schedule O.		* 1 1	1	1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar wer	re 📗 🤯	4 1	
_	issued on a separate basis, consolidated basis, or both:			م ميريکش آه	
	Separate basis Consolidated basis Both consolidated and separate basis			્ <i>સ</i> ફ્	;
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in 🗀		
	the Single Audit Act and OMB Circular A-133?		. за		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ne 🗀		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	A)	A
			Forr	n <b>99</b> 0	(2011)

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization NMMI Foundation, Inc.

Employer identification number 85-6010718

Par	Reason fe	or Public Cha	rity Status (All orga	nizations	s must c	omplete	this par	t.) See ii	nstructio	ns.	
	•	•	tion because it is: (Fo		-		-				
			hes, or association of			ed in <b>sec</b>	tion 170(	b)(1)(A)(i)	).		
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		ization operated for the benefit of a college or university owned or operated by a governmental unit described in I70(b)(1)(A)(iv). (Complete Part II.)									
8	•		n <b>section 170(b)(1)(A</b> )								
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ant income and unrelater fter June 30, 1975. Se	ions—sul lated bus	oject to c siness ta	ertain ex kable inc	ceptions ome (les	and (2) s section	no more	than 331/3% of its	
10	☐ An organizatio	n organized and	l operated exclusively	to test fo	r public s	afety. Se	e sectio	n 509(a)(	4).		
11	purposes of o	ne or more pub	nd operated exclusive plicly supported organ describes the type of	nizations supportin	described ig organiz	d in secti ation and	ion 509(a d comple	)(1) or se	ection 509	9(a)(2). See section	
	a 🗌 Typel			🗌 Туре		•	•			] Type III–Other	
е			that the organization								
	other than fou or section 509	_	ers and other than one	e or more	publicly	supporte	ed organi	izations c	described	in section 509(a)(1)	
f	•		a written determination		the IRS t	hat it is	a Type	I, Type I	II, or Typ	e III supporting	
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	)		
			ndirectly controls, eitlody of the supported							nd Yes No	
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)	
			a person described in							11g(iii)	
h	Provide the fo	llowing informat	ion about the support	ed organi	ization(s).			<u>.</u>		v	
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))			(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support	
				Yes	No	Yes	No	Yes	No	<u> </u>	
(A)											
(B)											
(C)											
(D)											
(E)											
					<del> </del>						
			1								

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2007 (b) 2008 (d) 2010 Calendar year (or fiscal year beginning in) (c) 2009 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 488.014 482,128 618,373 464.638 483,818 2.536.971 revenues levied for 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 4,000 4,000 4,000 4,000 4,000 20,000 Total. Add lines 1 through 3. . . . 492,014 486,128 622,373 468,638 487,818 2,556,971 The portion of total contributions by each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 49,468 Public support. Subtract line 5 from line 4. 2,507,503 Section B. Total Support (b) 2008 (c) 2009 (d) 2010 Calendar year (or fiscal year beginning in) ▶ (a) 2007 (e) 2011 (f) Total Amounts from line 4 . . . . . . 492.014 486,128 622.373 468.638 487.818 2,556,971 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . 882,909 731,669 729,816 770.361 750.652 3,865,407 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 0 O 0 o 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . 2,928 888,240 3.000 1,491 2,872 898,531 7,320,909 Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 690,833 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f) . . . . 34.25 % Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 16a 331/2% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . [7] b 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part						· · · · · ·	· · · · · · · · · · · · · · · · · · ·
	(Complete only if you checked th						der Part II.
<u>.                                    </u>	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.) //	//
	on A. Public Support		,				
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees				1		
•	received. (Do not include any "unusual grants")						
2	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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf					-	
5	The value of services or facilities				i		
	furnished by a governmental unit to the organization without charge		1			1	
					<del> </del>		
6	Total. Add lines 1 through 5				ļ		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	· · · · · · · · · · · · · · · · · · ·	<del></del>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		<u> </u>	<del>                                     </del>	<del> </del>	-	
8	Public support (Subtract line 7c from		-	<del>                                     </del>			
•	line 6.)			1			
Secti	on B. Total Support		1		<del></del>	•	
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		,				
10a	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			1			
	acquired after June 30, 1975						
С	Add lines 10a and 10b		1				
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		<u> </u>		<del> </del>		
12	Other income. Do not include gain or						1
	loss from the sale of capital assets		1	1			
40	(Explain in Part IV.)			<del> </del>	ļ	<u> </u>	<del> </del>
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				1		
44	First five years. If the Form 990 is for the		n's first soos	d third fourth	or fifth tay u	yoar as a sectiv	DD 501(c)(3)
14	organization, check this box and stop he	-					
Section	ion C. Computation of Public Suppor			· · · · · ·			<u> </u>
15	Public support percentage for 2011 (line			13 column (f))		. 15	%
16	Public support percentage from 2010 Sci					16	%
	ion D. Computation of Investment In						
17	Investment income percentage for 2011 (			oy line 13, colu	ımn (f))	. 17	%
18	Investment income percentage from 2010	Schedule A,	Part III, line 17	'		. 18	%
19a	331/3% support tests-2011. If the organ	ization did no	ot check the bo	ox on line 14, a	and line 15 is r	more than 331/3	%, and line
	17 is not more than 331/3%, check this box	and stop here	e. The organizat	tion qualifies as	a publicly supp	oorted organiza	tion . 🟲 📙
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization d	id not check a	a box on line 14	4, 19a, or 19b,	check this box	and see instru	uctions 🕨 📋

Pa	a	۵	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II; Line	e 10; Other Income
2007 - \$2,8	72 software maintenance fee
2008 - \$2,9	28 Total (\$2,872 software maintenance fee and \$56 miscellaneous)
2009 - \$888	3,240 Total (\$886,637 proceeds from trust settlement on the Estate of Charles C. White, \$1,603 refunds, admin support and misc)
2010 - \$3,0	00 administrative support
2011 - \$1,4	91 Total (\$750 administrative support; \$723 copier rebate; \$18 copy revenue)
	<u>.</u>

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.

_	5016 50 (0)(0)				
	•	that have NOT filed Form 5768 (election		• "	•
	•	" to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy Ta	ix), then
	ection 501(c)(4), (5), or (6) orga of organization	anizations: Complete Part III.		Employer iden	tification number
	Foundation, Inc.				85-6010718
	ii				
		e organization is exempt und			organization. N/
1	•	the organization's direct and ındıre	•	•	
2					•
3	Volunteer hours			• • • • • • • • •	
Part	LB Complete if the	e organization is exempt und	er section 501(	c)(3).	NA
1	Enter the amount of any	excise tax incurred by the organiza	ation under sectio	n 4955 ▶ \$	707-
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 <b>&gt;</b> \$	•
3		ed a section 4955 tax, did it file Fo			
4a					Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(	c), except section 501	(c)(3). <sub>1</sub> )/A
1	Enter the amount direct	ly expended by the filing organize	zation for section	527 exempt function	, , , , , , , , , , , , , , , , , , ,
2	Enter the amount of the	filing organization's funds contrib	outed to other org	ganizations for section	
	527 exempt function acti	vities		▶ \$	
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
	line 17b			▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nu	mber (EIN) of all s	section 527 political organi	zations to which the filing
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	I fund or a political action committ	ee (PAC). If addition	onal space is needed, prov	ide information in Part IV
,	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Nano	(5) / (55)	(6) 2	filing organization's	contributions received and
				funds If none, enter -0	promptly and directly delivered to a separate
					political organization if
					none, enter -0-
(1)					
\''					
(2)			]		
(2)			] .		
(3)					
(0)					
(4)					
(5)			]		
. <del></del>					
(6)		<u> </u>	]		

_			•
ч	aa	е	_

Part	section 501(h)).				$\mathcal{N}$	H
A . CI	heck 🕨 🗌 if the filing organization be					up member's
	name, address, EIN, expe				•	
B C	heck 🕨 🗌 if the filing organization ch			rol" provisions	apply.	
		bying Expendit		•	(a) Filing organization's totals	(b) Affiliated
	(The term "expenditures" n		<u> </u>		organization's totals	group totals
1a	Total lobbying expenditures to influence			•		
b	Total lobbying expenditures to influence	•	ody (direct lobbyin	g)	<u></u>	
C	Total lobbying expenditures (add lines	•				
d	Other exempt purpose expenditures .					
е	Total exempt purpose expenditures (ad		•			
f	Lobbying nontaxable amount. Enter	the amount f	rom the following	table in both		
	columns.			<del></del>		
1	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
L	Not over \$500,000	20% of the ar	nount on line 1e			
Į	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.	1	
[	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		!
[	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000	•			
g	Grassroots nontaxable amount (enter 2	5% of line 1f)				
h	Subtract line 1g from line 1a. If zero or	ess, enter -0-				
i	Subtract line 1f from line 1c. If zero or le					
j	If there is an amount other than zero reporting section 4911 tax for this year		1h or line 1i, did			Yes No
	(Some organizations that m	ade a section s	Period Under Sec 501(h) election do ctions for lines 2a	not have to com		
	Lobbyin	g Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d						
е	Grassroots ceiling amount (150% of line 2d, column (e))		:			
f	Grassroots lobbying expenditures					

Part	IL-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(8	(E	(b)
of the	lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			<u> </u>
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:		- , -	
a	Volunteers?		<b>√</b>	
b	Media advertisements?		<b>V</b>	
ď	Mailings to members, legislators, or the public?		1	
e	Publications, or published or broadcast statements?		1	
f	Grants to other organizations for lobbying purposes?	✓		7,398
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
į	Other activities?		<b>✓</b>	
j	Total. Add lines 1c through 1i		,-	7,398
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<b>√</b>	N/A
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			N/A
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Ñ	VA"	
Part		(5), (	or se	
	501(c)(6).			NA
_				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			<del> </del>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."			III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	NA
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	<b>-</b>	
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Par				
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Part I	I-A; a	nd Part II-B, line
1. Als	o, complete this part for any additional information.			
•				
•				•••••
			·	

### SCHEDULE D (Form-990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

20)**11** 

Open to Public Inspection

Name of the organization Employer identification number NMMI Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . С Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- 0 **b** Assets included in Form 990, Part X . . . . . . .

	0 II ( 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
Part	III Organizations Maintaining							
3	Using the organization's acquisition,		her records, che	ck any of the t	following that are a s	significant use of its		
	collection items (check all that apply):							
а	✓ Public exhibition		d 🗌 Loar	or exchange	programs			
b	☐ Scholarly research e ☐ Other							
С	☐ Preservation for future generations							
4	Provide a description of the organization	tion's collections a	and explain how	they further th	e organization's exer	npt purpose in Part		
	XIV.							
5	During the year, did the organization					ar		
	assets to be sold to raise funds rather	than to be mainta	ined as part of th	e organization	n's collection? .	🗹 Yes 🗌 No		
Part	IV Escrow and Custodial Arra	angements. Cor	nplete if the org	ganization an	swered "Yes" to Fo	orm 990, Part IV,		
	line 9, or reported an amour	it on Form 990, F	Part X, line 21.			<i>\//A</i>		
1a	Is the organization an agent, trustee					ot 4		
	included on Form 990, Part X?					🗌 Yes 🗌 No		
b	If "Yes," explain the arrangement in P	art XIV and comple	ete the following	table:				
					A	mount		
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amou		art X, line 21? .			☐ Yes ☐ No		
	If "Yes," explain the arrangement in P							
Part	V Endowment Funds. Compl							
		(a) Current year	(b) Prior year	(c) Two years b		<del></del>		
1a	Beginning of year balance	24,415,077	21,197,142	19,588	3,694 24,174,15	8		
b	Contributions	483,818	463,287	617	7,803 448,92	6		
С	Net investment earnings, gains, and					1		
	losses	(226,430)	3,990,001	1,867	7,921 (4,305,11)	6)		
d	Grants or scholarships	(568,716)	(569,120	(453,	,733) (409,37	1)		
е	Other expenditures for facilities and					i		
	programs	(764,409)	(666,233	(423	,543) (319,90	3)		
f	Administrative expenses							
g	End of year balance	23,339,340	24,415,077			4		
2	Provide the estimated percentage of			g, column (a))	held as <sup>.</sup>			
а	Board designated or quasi-endowme		<u>0</u> %					
ь	Permanent endowment ▶							
С	Temporarily restricted endowment ►							
_	The percentages in lines 2a, 2b, and 3							
За	Are there endowment funds not in th	e possession of tr	ne organization th	nat are held ar	nd administered for ti			
	organization by:					Yes No		
	(i) unrelated organizations					3a(i) √		
	(ii) related organizations					3a(ii) ✓		
b	If "Yes" to 3a(ii), are the related organ					3b ////		
4	Describe in Part XIV the intended use				<del> </del>			
Par				ľ	<del></del>	<del></del>		
	Description of property	(a) Cost or ot	1	or other basis (other)	(c) Accumulated depreciation	(d) Book value		
	Land.	`				6 204 510		
1a	Land	•	6,294,519 193,164			6,294,519 193,164		
b	Buildings		133,104	-		193,104		
G	Leasehold improvements			20,491	18,447	2,044		
d e	Other	.		20,731	10,747			
	Add lines 1a through 1e. (Column (d)	must equal Form 0	90 Part X colum	n (B) line 10(c	z).) <b>.</b> ▶	6,489,727		
TOLAI.	Aug mes la unough le. (Column (a) i	nust equal i oilli s	oo, ran A, coluin	12), 10[0	7.7	0,100,721		

Part VII Investments—Other Securities.	See Form 990, Part X, I	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financial derivatives	<del></del>		<del></del>
(2) Closely-held equity interests		-	<del></del>
(3) Other	<del></del>		
(A) Wellington Research Equity	5.879.594	End of year market value	· · · · · · · · · · · · · · · · · · ·
(B) Wellington Micro Cap Equity		End of year market value	
(C) Newport Asia Institutional Fund		End of year market value	
(D) Private Advisors Hedged Equity, Ltd		End of year market value	
(E) CamCap Resources Offshore Fund, Ltd		End of year market value	
(F) Pine Grove Offshore Fund, Ltd		End of year market value	
(G) Fortress Partners Fund, Ltd	<del></del>	End of year market value	
(H)	1,040,002	Lind of year market value	<del></del>
(I)			
	16 724 201		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	16,734,391	line 10	
Part VIII Investments—Program Related		T	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)			
(2)			
(3)			
(4)		<u></u>	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶	0		
Part IX Other Assets. See Form 990, Par	t X, line 15.		
(a)	Description		(b) Book value
(1) Sketchbook - "Excerpts From My Sketchbook - 19	944" by Peter Hurd		50,000
(2) Beneficial Interest in Perpetual Trust with Albuqu	erque Community Foundat	ion	668,770
(3) Cash Surrender Value of Life Insurance Policies			683,394
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	·		<del></del>
(10)			
Total. (Column (b) must equal Form 990, Part X, co	I. (B) line 15.)		1,402,164
Part X Other Liabilities. See Form 990,			1,100,101
1. (a) Description of liability	(b) Book value	1	
(1) Federal income taxes			
(2)		1	1
(3)		-[	1
(4)	<del> </del>	1	ı
(5)	· · · · · · · · · · · · · · · · · · ·	+	ŧ
(6)	· · · · · · · · · · · · · · · · · · ·	1	ŀ
		-	1
(7)		4	:
(8)		4	,
(9)		4	1
(10)		1	
(11)		1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	<u> </u>	
2 FIN 48 (ASC 740) Footnote In Part XIV, provide to	the text of the footnote to	the organization's financial statem	ents that reports the

Page	4

Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	<del></del>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,032,817
.2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,192,144
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(159,327)
4	Net unrealized gains (losses) on investments	4	(1,285,063)
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 through 8	9	(1,285,063)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(1,444,390)
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	691,985
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	9 19 N 19	
а	Net unrealized gains on investments		á
b	Donated services and use of facilities		<i>j</i>
С	Recoveries of prior year grants		į.
d	Other (Describe in Part XIV.)	1	*
e	Add lines 2a through 2d	2e	(1,248,629)
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,940,614
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	154	,   2
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 92,203		"
b	Other (Describe in Part XIV.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	92,203
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,032,817
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er R	eturn
1	Total expenses and losses per audited financial statements	1	2,136,375
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1	,
а	Donated services and use of facilities		,
b	Prior year adjustments	- 2	,
С	Other losses		
d	Other (Describe in Part XIV.)		.î
е	Add lines 2a through 2d	2e	<del></del>
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,099,941
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 92,203		· .
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	<del></del>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,192,144
	XIV Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I		
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete	this part to provide
-	Iditional information.		
PART	III; Line 4 - The NMMI Foundation received on December 22, 1999 a donation of a sketchbook entitled "Exc	erpts	
_			
From	My Sketchbook - 1944" by Peter Hurd. The sketchbook was appraised at \$50,000. In accordance with the	dono	r's
wishe	s the sketchbook is displayed in the NMMI Toles Learning Center where it is properly maintained, preserve	d and	1
protec	ted from fire, theft, vandalism and other elements Peter Hurd, a very prominent artist, was a Life Magazin	ie wai	<u></u>
corres	pondent when he did the sketchbook. Acquisition and display of this book furthers the Foundation's exe	npt	
purpo	se of supporting the educational mission of NMMI.		

Part XIV Supplemental Information (continued)	
Part V; Line 4 - NMMI Foundation endowment funds are invested in pe	rpetuity to provide financial support for NMMI
projects and programs. Projects and programs include cadet scholar	ships, leadership center activities,
professorships and chairs, academic excellence programs, athletic pr	ograms and other programs that promote the
growth, welfare and maintenance of NMMI.	
Part XII; Line 2d Other - Amounts included on line 1 but not on Form 9	90, Part VIII, line 12:
Direct Fund Raising expenses per Form 990; Part VIII, Line 8b	\$29,051
Interfund transfer of	3,000
Total	\$32,051
Part XIII; Line 2d Other - Amounts included on line 1 but not on Form	990, Part IX, line 25:
Direct Fund Raising expenses per Form 990; Part VIII, Line 8b	\$29,051
Interfund transfer of	3,000
Total	\$32,051

### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization NMMI Foundation, Inc.

Employer identification number 85-6010718

Pari	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organization ans	swered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eli grants or assistance?	organization gibility for the	maintain reco	ords to substantiate the amesistance, and the selection	ount of its grants and othe criteria used to award the	r N/A □Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organizati <i>ル</i> /名	on's procedures for monit	toring the use of its gran	its and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America/Caribbean	N/A	N/A	Investments	N/A	6,849,514
(2)	Europe	N/A	N/A	Investments	N/A	1,545,802
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						,
(10)	1				:	
(11)						
	<del>.</del>					
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					8,395,316
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					8,395,316

Page 2

Schedule F (Form 990) 2011

of non-cash assistance
,
non-cash assist

רמון ווו כמון טפ טעטווכמים וו מטטווטומן אספיב וא ווכניטים:	ובת וו מתחווטוומו אלי	ייים ווכרתכת.					1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(n) Method of valuation (book, FMV, appraisal, other)
(1)					:		
(2)							
(3)							
(4)							
(5)							
(9)							
6							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)					:		
(15)							
(16)							
(77)							

Р	and	. 4

Part ·	IV	Foreign Forms		
· 1	the	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	√ No
2	may Rec	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A)	Yes	☑ No
3	the (	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To eain Foreign Corporations. (see Instructions for Form 5471)	✓ Yes	□ No
4	qual <i>Info</i> i	the organization a direct or indirect shareholder of a passive foreign investment company or a lifted electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d. (see Instructions for Form 8621)	✓ Yes	□ No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain eign Partnerships. (see Instructions for Form 8865)	✓ Yes	□ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713)	☐ Yes	☑ No

Part-V	Supplemental Information  Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
•	

### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the or	ganization					Employer identific	ation number
NMMI Foun							6010718
Part I	Fundraising Activities. Form 990-EZ filers are n	ot required to	complete	this part.			ine 17.
1 India	cate whether the organizatio	n raised funds t					, • ••
	Mail solicitations		e [		on of non-govern		
	nternet and email solicitation	ns	f L		on of government		
	Phone solicitations		g∟	J Special f	undraising events	3	
	n-person solicitations				d	iaawa diwaatawa tuus	tooo
or ke	the organization have a writ ey employees listed in Form	990, Part VII) or	entity in co	nnection v	with professional t	fundraising services?	Yes 🗌 No
	es," list the ten highest paid pensated at least \$5,000 by			draisers) pı	ursuant to agreen	nents under which th	e fundraiser is to be
(ı) Nan	ne and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			<del></del>
1							
2						- 1	
3							
4							
5							ł
6							
7							
8							
9							
10							
Total .				•			
3 List regi	all states in which the orga stration or licensing.	ınizatıon is regis	stered or lic	ensed to s			
				•••••			· · · · · · · · · · · · · · · · · · ·

		<del></del>	n \$5,000. (a) Event #1	(b) Event #2	(c) Other events	
			Concert	N/A	3	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 2	Gross receipts Less: Charitable	23,575		5,874	29,449
œ		contributions	16,950		5280	22,230
	3	Gross income (line 1 minus line 2)	6,625		594	7,219
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs	1,020	····		1,020
Direct Expenses	7	Food and beverages	1,103		398	1,501
Direct	8	Entertainment	18,000			18,000
İ	9	Other direct expenses .	8,028		502	8,530
	10	Direct expense summary. Ad				( 29,051 )
	11	Net income summary Comp				
D۵		Gaming Complete if the	organization answer	nd line 10 red "Yes" to Form 99	►   20 Part IV line 19 or r	
Pa	rt III	Gaming. Complete if the	e organization answer	red "Yes" to Form 99	90, Part IV, line 19, or r	
		Gaming. Complete if the than \$15,000 on Form 99	e organization answer	ed "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19, or r	
Revenue		Gaming. Complete if the	e organization answer 90-EZ, line 6a.	red "Yes" to Form 99	90, Part IV, line 19, or r	eported more (d) Total gaming (add
Revenue	rt III	Gaming. Complete if the than \$15,000 on Form 99	e organization answer 90-EZ, line 6a.	red "Yes" to Form 99	90, Part IV, line 19, or r	eported more (d) Total gaming (add
Revenue	1	Gaming. Complete if the than \$15,000 on Form 99	e organization answer 90-EZ, line 6a.	red "Yes" to Form 99	90, Part IV, line 19, or r	(d) Total gaming (add
Revenue	1 2	Gaming. Complete if the than \$15,000 on Form 99  Gross revenue	e organization answer 90-EZ, line 6a.	red "Yes" to Form 99	90, Part IV, line 19, or r	eported more (d) Total gaming (add
Revenue	1 2 3	Gaming. Complete if the than \$15,000 on Form 99  Gross revenue  Cash prizes  Noncash prizes	e organization answer 90-EZ, line 6a. (a) Bingo	ed "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	eported more (d) Total gaming (add
Revenue	1 2 3 4	Gaming. Complete if the than \$15,000 on Form 99  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	e organization answer 90-EZ, line 6a.	red "Yes" to Form 99	(c) Other gaming	eported more (d) Total gaming (add
	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 99  Gross revenue	e organization answer 90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	eported more (d) Total gaming (add
Revenue	1 2 3 4 5 6	Gaming. Complete if the than \$15,000 on Form 99  Gross revenue	e organization answer 90-EZ, line 6a.  (a) Bingo  Yes%  No  Id lines 2 through 5 in c	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No  olumn (d)	(c) Other gaming  Yes %  No	eported more (d) Total gaming (add
Revenue	1 2 3 4 5 6 7 8 Er a Is	Gaming. Complete if the than \$15,000 on Form 99  Gross revenue	Yes % No  dd lines 2 through 5 in cy. Combine line 1, columperate gaming activities	(b) Pull tabs/instant bingo/progressive bingo  Yes 96  No  No  No  No  No  And line 7	(c) Other gaming  Yes %  No	eported more  (d) Total gaming (add col (a) through col (c))

Schedu	ule G (Form 990 or 990-EZ) 2011	Page 3
11	Does the organization operate gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	] No
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ▶	· <b></b>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∃ No
b		40
~	amount of gaming revenue retained by the third party ► \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Garning manager information:	
	Name ►	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	∃ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	is
		••••

## **SCHEDULE 1** (Form 990)

## Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

201

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Part I General Information on Grants and Assistance

NMMI Foundation, Inc.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection **Employer identification number** 

85-6010718

• Once the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to subs	stantiate the amou	nt of the grants or	assistance, the o	rantees' eligibility for	the grants or assistance	e, and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · · Yes \ \
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ızation's procedur	es for monitoring t	he use of grant fur	nds in the United	States.		
Part II Grants and Other As	ssistance to Go	vernments and	Organizations in	n the United St	tates. Complete if	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	vered "Yes"
to Form 990, Part IV, line 21, 10f any recipient unat reci Part II can be duplicated if additional space is needed	ine z i, for any r ted if additional	ecipient triat rec space is needed	elved infore trian	43,000. CHECK		to Form 990, Part IV, line 21, for any recipient that received filote than \$5,000. Others box in the recipient received into entain \$5,000. Part II can be duplicated if additional space is needed	e tilari \$5,000.
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
(1) New Mexico Military Institute	85-6000408	IMMN	673.628				NMMI Scholarship Funds
(2) New Mexico Military Institute Roswell NM 88201	85-6000408	NMMI	238,140				Leadership Center
(3) New Mexico Military Institute Roswell, NM 88201	85-6000408	NMMI	153,610				Academic Programs
(4) New Mexico Military Institute Roswell, NM 88201	85-6000408	NMMI	104,287				Athletic Programs
(5) New Mexico Military Institute Roswell, NM 88201	85-6000408	NMMI	90,973				Columbarium Construct
(6) New Mexico Military Institute Roswell, NM 88201	85-6000408	NWMI	87,444				Cadet Activities
(7) New Mexico Military Institute Roswell, NM 88201	85-6000408	NMMI	15,547				Faculty/Staff Prog
(8) New Mexico Military Institute Roswell, NM 88201	85-6000408	NMMI	5,050				Chaplain Programs
(9) New Mexico Military Institute Roswell, NM 88201	85-6000408	NMMI	159,952				Real Property-Land
(10) NMMI Alumni Association, Inc. Roswell, NM	85-6011563	501(c)(3)	71,580				Operations Support
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	τσαητατίοηs listed	emment organizat	ions listed in the li	ne 1 table			2

Schedule I (Form 990) (2011)

Cat. No. 50055P

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

Schedule I (Fc	schedule I (Form 990) (2011)
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

	Part III can be duplicated if additional space is needed	space is needed				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Facult	1 Faculty Professorships and Chairs	ω	55,500			
2 Travel	2 Travel Funds for Hawaiian Cadets	12	7,200			
3 Cadet	3 Cadet Awards and Sabers	σ.	5,715			
4						
9						
7						
Part IV	Supplemental Information. Complete this		vide the information	ו required in Part I,	bart to provide the information required in Part I, line 2, and any other additional information.	Itional information.

Part I. Line 2 - Payments to NMMI, a New Mexico state educational institution, to provide scholarship funding, for Leadership Center programs and other uses listed in Part II, Line 1 monitors compliance for the programs in Part II, Line 1. During the fiscal year the NMMI Foundation gave land valued at \$159,952 to NMMI to expand their golf course parking area. are made on an expenditure driven basis. The Foundation is billed by NMMI for reimbursement of expenses in Part II that were previously paid or credited by NMMI in accordance with their policies and procedures. The Foundation receives copies of invoices and other supporting documentation prior to reimbursing NMMI for the expenses. NMMI

operations and also from efforts through the joint annual fund raising campaign called "Campaign for the Corps." The operations of the NMMI Alumni Association, Payments to the NMMI Alumni Association, Inc. are for that organization's operational support. The NMMI Foundation made payments for this support from its

Inc. are monitored by its Board of Directors and its Executive Secretary. Two members of the NMMI Foundation Board of Trustees are non-voting representatives

of the NMMI Alumni Association's Board of Directors. These representatives attend meetings of the NMMI Alumni Association Board of Directors and receive

copies of the annual audit of that organization prepared by an Independent Certified Public Accountant. The President & CEO of the NMMI Foundation meets

frequently with the Executive Secretary of the NMMI Alumni Association in regard to NMMI Alumni Association operations and joint fund raising programs.

Part IV Supplemental Information is continued on the next page.

# CONTINUATION OF PARTITY SCHOOLET

Schedule I (F	Schedule I (Form 990) (2011)	Page 2
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

Part III can be duplicated II additional space	space is lieeueu				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
2					
6					
4					
2					
9					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pro	vide the information	required in Part I,	line 2, and any other add	itional information.
Part f: Line 2 (cont) - The Foundation disburses scholarship funds directly to NMMI upon receiving a billing at the end of each semester. Scholarship funds are awarded in	ship funds directly to	NMMI upon receiving	a billing at the end of	each semester. Scholarship f	unds are awarded in
accordance with donor criteria and NMMI as monitored by the NMMI Scholarship Committee. Financial Aid monitors the recipients eligibility throughout the year.	by the NMMI Scholar	ship Committee. Fina	cial Aid monitors the	recipients eligibility througho	ut the year.
Faculty Professorships and Chairs are awarded based on donor criteria and NMMI guidelines. Awards are made to selected recipients meeting the donor criteria and	n donor criteria and	NMMI guidelines. Awa	ırds are made to selec	ted recipients meeting the do	or criteria and
NMMI policies and procedures. The Academic Dean monitors compliance with the established criteria.	nitors compliance w	ith the established crit	егіа.		
Travel funds for Hawaiian cadets are provided from earnings on a specific donor endowment. Financial Aid determines qualifying cadets and monitors compliance.	ings on a specific d	onor endowment. Finz	ncial Aid determines o	patifying cadets and monitor	s compliance.
Cadet Awards and Sabers are provided by donor gifts and earnings on specific donor endowments. The Academic Dean and Commandant of Cadets determine	nd earnings on spec	ific donor endowments	. The Academic Dean	and Commandant of Cadets	Jetermine
qualifying cadets and monitor compliance.					

Schedule I (Form 990) (2011)

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

conses to specific questions on 20

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

NMMI Foundation, Inc. 85-6010718 Part III; Line 4d - Other program services support was used for NMMI cadet activities, athletic equipment and supplies, NMMI Alumni Association support, columbarium construction, NMMI faculty and staff programs and chaplain programs. Part VI; Governance, Management and Disclosure Line 2 - Steve Elliott, Board Chariman, and Lance Benham, Member, are in a business relationship involving a real estate limited liability company (LLC) The LLC does not have any business relationship with the Foundation and is completely unrelated to the Foundation. Line 6: The Foundation has members, but not stockholders. Any person making an annual donation of at least \$500 shall be deemed to have met all requirements necessary for membership that year. Any person making a donation of \$5,000 or more shall be considered a life member and no further donation is necessary. The Chairman or CEO may, at their discretion, invite individuals to become members without payment. There are no membership fees charged. Line 7a: The members (referred to above) elect the rotating members of the Board of Trustees Each member is entitled to one vote. The rotating members of the Board of Trustees are elected at the Annual Meeting of the members. Line 7b: The decisions of the governing body are decided by a majority vote of those Board of Trustees present at all meetings of the Board of Trustees The Foundation's Executive Committee, made up of five members of the Board of Trustees that includes its CEO, is authorized to act for and on behalf of the Board of Trustees in exercising the Board's authority with respect to all matters affecting the organization, except for: (1) amending, altering or repealing the By-Laws and Articles of Incorporation, (2) appointing, electing or removing any member of any committee or any director or officer, (3) authorizing the sale, lease exchange or mortgage of all or substantially all assets of the Foundation, (4) adopting a plan of merger or consolidation with another corporation and (5) authorizing the voluntary dissolution of the corporation or revoking proceedings therefore, or adopting a plan for the distribution of the assets of the Foundation. Line 9: A complete listing of the Board of Trustees with their respective mailing addresses is listed on Form 990; Part VII; Section A. Line 11a: The final Form 990, including required schedules and other attachments, was provided to all members of the Board of Trustees for review and comment prior to filing with the Internal Revenue Service. Additionally, the the Chairman of the Board of Trustees and President & CEO reviewed and discussed the final Form 990, including

required schedules and other attachments, prior to filing with the Internal Revenue Service.

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Name of the organization	Employer identification number		
NMMI Foundation, Inc.	85-6010718		
Line 12c: Each member of the the Board of Trustees and all employees of the Foundation are required to	disclose		
annually in writing any interests that could give rise to conflicts of interest as well as abide by the Founda	ation Conflict of		
Policy. In accordance with the policy, if a conflict of interest arises with a voting member of the Board of	Trustees, that		
member must recuse themself from any and all votes in regard to the matter in conflict. If a conflict is dis	closed or arises		
during the year, the Board of Trustees will review the situation and then determine the proper action for the	ne Foundation		
The President & CEO and at least one other Board Member review all disbursements of the Foundation	inancial		
statements, budget and investment information are provided to the Executive Committee monthly for revi	ew.		
Line 15: The four independent members of the Executive Committee of the Foundation annually review the	ne salaries and		
benefits of the Foundation's three employees, which are the (1) President & CEO, (2) Director of Development	nent and		
(3) Administrative Specialist. Upon review of historical and comparable data, the Executive Committee sets the salaries			
for the upcoming fiscal year. The entire Board of Trustees approves these salaries and benefits in conjunction with			
approving the annual budget.			
Line 19: The following documents are available at the Foundation's website at: www.nmmifoundation	com		
Current audited financial statements			
2 Complete Form 990, schedules and attachments for the most current three fiscal years			
3. Articles of Incorporation and By-Laws			
4. Conflict of Interest Policy			
The above documents are also available upon request.			
Part XI; Line 5 - Other changes in net assets or fund balances			
Net unrealized losses on investments (\$1,285,063)			