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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Openito Public Inspection ▶ Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

В	Check if applicable	C Name of organization			D Em	ployer ider	ntificat	ion number				
Г	Address	UNIVERSITY OF NEW MEXICO FOUNDATI	ON INC									
ᅡ	Name change	Doing Business As				85-6	027540	08				
F	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address) Roc	m/suite	E Tele	ephone nur	nber					
F	Termin-	700 LOMAS BLVD NE	108		505-277-4503							
F	Amende	City or town, state or province, country, and	ZIP or foreign postal code		G Gros	s receipts \$	•	141,124	,170.			
F	Applica-	ALBUQUERQUE, NM 87102-2568	ľ	H(a) is	this a grou	p retur						
	pending		NEMCIK		for subordinates? Yes X							
		700 LOMAS BLVD NE, SUITE 108, ALBU			H(b) Ar	e all subordina	tes includ	ted? Yes	□No			
$\overline{}$	Tax-exer	npt status: X 501(c)(3) 501(c)()	(Insert no.) 494740 For	52 7	lf	"No," attac	h a list	. (see instructioi	ns)			
		: WWW.UNMFUND.ORG				roup exem		•				
K	Form of o	rganization: X Corporation Trust As	sociation ther	L Year o	format	ion: 1979	M St	ate of legal domic	ile: NM			
		Summary	MAY 19	7012	3							
0	1 B	riefly describe the organization's mission or most	significant activities: SEE SCHED	ULE_O_	15							
Governance	1		OGDEN	. UT								
rus	2 0	heck this box 🕨 🔲 if the organization disco	ntinued its operations or disposed	of more	than 25	% of its ne	et asset	ts.				
ove.	3 N	lumber of voting members of the governing body	(Part VI, line 1a)				3		24			
ر مح	4 N	lumber of independent voting members of the go	verning body (Part VI, line 1b)				4		24			
Activities &	5 T	otal number of individuals employed in calendar y	rear 2013 (Part V, line 2a)			[5		91			
ξ	6 T	otal number of volunteers (estimate if necessary)					6		25			
Ćţ	7a ⊺	otal unrelated business revenue from Part Vill, co	lumn (C), line 12			[7a	285	,937.			
•	bΛ	let unrelated business taxable income from Form	990-T, line 34			[7b		0.			
					Prio	r Year		Current Yea	r			
o	8 0	Contributions and grants (Part VIII, line 1h)	_			35,384,74	17.	36,537	7,789.			
ğ	9 P	rogram service revenue (Part VIII, line 2g)				2,804,30	03.	2,294	,731.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4	, and 7d)			7,914,2	19.	28,088	5,507.			
Œ		other revenue (Part VIII, column (A), lines 5, 6d, 8d				65,62	22.	47	,578.			
•		otal revenue - add lines 8 through 11 (must equal			-	46,168,89	91.	66,968	,605.			
<u>; </u>	+	Grants and similar amounts paid (Part IX, column (:	27,897,23	37.	30,455	,098.			
		enefits paid to or for members (Part IX, column (A					0.		0.			
Ś	1	alaries, other compensation, employee benefits (7,610,21	12.	8,859	,455.			
Expenses	16a P	rofessional fundraising fees (Part IX, column (A),			154,89	97.		,555.				
ē	ьт	otal fundraising expenses (Part IX, column (D), lin		;;;					t			
Ш	17 C	other expenses (Part IX, column (A), lines 11a-11d	· -	_		2,999,78	38.	3,678	,631.			
		otal expenses. Add lines 13-17 (must equal Part I		. —		38,662,13	_	43,212				
	19 B	evenue less expenses. Subtract line 18 from line				7,506,75	_	23,755				
50	3			Beg	inning o	of Current Ye	ar	End of Year				
Sets	20 T	otal assets (Part X, line 16)				81,088,51		229,130				
SE SE	21 T	otal liabilities (Part X, line 26)	•		:	11,090,56	54.	30,783				
Net Assets or Fund Balances	22 N	et assets or fund balances Subtract line 21 from	line 20		16	69,997,95	52.	198,347				
P	art II	Signature Block		•	-		<u> </u>					
Und	der penalt	es of perjury, I declare that I have examined this return,	including accompanying schedules and	d statemer	nts, and	to the best of	f my kn	owledge and belie	f, it is			
true	e, correct,	and complete. Declaration of preparer (other than office	r) is based on all information of which i	preparer h	as any l	knowledge.		-				
						5-1	3 -	15				
Sig	ın	Signature of officer				Date						
He		HENRY NEMCIK, PRESIDENT & CEO			•							
		Type or print name and title						-				
	1	Print/Type preparer's name	Preparer's signature Praise Sel	Da	te /7/:	Check		PTIN				
Pai	ı	. MICHAEL SORRELLS	<i>ca</i> n ⊃	/ //-		nployed	₽00001737					
Pre	parer	irm's name BDO USA, LLP			Firm's EIN		3-5381590					
Use	-	irm's address 7101 WISCONSIN AVE										
	- 1	BETHESDA, MD 20814				Phone no.3	01-65	4-4900				
Ma	y the IRS	discuss this return with the preparer shown abo	ve? (see instructions)					Yes	No			
	001 10-29-				=			Form 990				

orm	1990 (2013) UNIVERSITY OF NEW MEXICO FOUNDATION, INC	85-0275408	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	·	X.
1	Briefly describe the organization's mission: SEE SCHEDULE O		
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.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?	Yes X No
•	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 are required to report the amount of grants and allocations to or	thers, the total ex	rpenses, and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 30,828,740. Including grants of \$ 30,455,098.) (Rev THE UNIVERSITY OF NEW MEXICO FOUNDATION, INC. ENHANCES THE EDUCATIONAL	enue \$	0.)
	PURPOSES OF THE UNIVERSITY OF NEW MEXICO BY RAISING PRIVATE FUNDS FOR		
	THE BENEFIT OF STUDENTS, FACULTY AND PROGRAMS, MANAGES THOSE FUNDS TO		
	ENSURE DONOR INTENT IS REALIZED AND INVESTS ENDOWMENT FUNDS AND OTHER		
	FUNDS NOT IMMEDIATELY REQUIRED TO PROVIDE FOR LONG-TERM SUPPORT OF THE		
	UNIVERSITY.		
		_	
4b	(Code) (Expenses \$ including grants of \$) (Rev	enue \$)
			
			.
			
		-	
4c	(Code:) (Expenses \$) (Rev	enue \$)
		 -	
			 _
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 30,828,740.		
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Form 990 (2013) UNIVERSITY OF NEW Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	 -		
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_ <u> </u>		
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ľ
	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			ſ
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	 11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			-
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes, " complete Schedule F, Parts III and IV	16		х
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	17	х	
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
<u>d</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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UNIVERSITY OF NEW MEXICO FOR Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	<u> </u>
22	Did the organization report more than \$5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		-
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31	ļ	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_
<u></u>	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, 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		ł
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	<u> </u>
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	990 (2013) UNIVERSITY OF NEW MEXICO FOUNDATION, INC. 83-02/3400		P	age J							
Par				$\overline{}$							
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>							
	70		Yes	No							
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable										
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable										
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c	_ X								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			İ							
	filed for the calendar year ending with or within the year covered by this return 2a 91										
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	<u> </u>							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a									
	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_	х	-							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			,							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country:										
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			- -							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			"							
_	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ζ.									
_	were not tax deductible?	6b		<u> </u>							
7	·										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	X								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
_	to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year	7c	Х								
d	Tes, indicate the number of 7 offis 5252 med during the year										
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	x							
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?	7g	<u> </u>	-							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-							
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		├							
9	Sponsoring organizations maintaining donor advised funds.										
	Did the organization make any taxable distributions under section 4966?	9a	 	├							
Φ D	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-							
10	Section 501(c)(7) organizations. Enter:										
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross receives included on Form 900 Part VIII, line 12 for public use of plub facilities.										
11 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]										
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders										
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against										
b	, , , , , , , , , , , , , , , , , , , ,										
12-	amounts due or received from them) Section 4047(a)(1) per exempt charitable tructs is the organization filing Form 990 in liquid Form 10412	120									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 <u>2a</u>	 	-							
	· · · · · · · · · · · · · · · · · · ·			1							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		 							
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	13a	 	 							
L	Note. 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 the			1							
þ	organization is licensed to issue qualified health plans										
_	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	140	 	x							
149	Did the organization receive any payments for indoor tarming services during the tax year?	14a									

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			х							
Sec	tion A. Governing Body and Management										
		-	Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent.										
	Effect the Humber of Voting Members molecules in line 12, above, who are mapped and										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		x -1							
2	officer, director, trustee, or key employee?										
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		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x							
5											
6	Did the organization have members or stockholders?	5	х								
	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	х								
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	x								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	х								
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		х							
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
	Did the organization have local chapters, branches, or affiliates?	10a		х							
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	х	 -							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	• • • • • • • • • • • • • • • • • • • •										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х	├─							
·	in Schedule O how this was done	12c	х								
13	Did the organization have a written whistleblower policy?	13	х								
14	Did the organization have a written document retention and destruction policy?	14	х								
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?		l								
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b	Х								
	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?	16a		х							
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										
800	exempt status with respect to such arrangements? tion C. Disclosure	16b	<u> </u>	<u> </u>							
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed ►NM										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a		ıla.								
	for public inspection. Indicate how you made these available. Check all that apply.	a v ca ii ca L	,,,,								
	X Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finai	ncial								
-	statements available to the public during the tax year.	nu	1001								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	-								
	KENNETH STANSBURY - 505-277-4690										
	700 LOMAS BLVD NE, SUITE 108, ALBUQUERQUE, NM 87102-2568										
20000	3 10.20.13	Earn	000	(2013)							

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

Check if Schedule O contains a response or note to any line in this Part VII

 $\lceil \mathbf{x} \rceil$

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 (A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	l week	⊢	T		<u> </u>			from the	from related	other
	hours for	trustee or director				L		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ie or	stee			nsate		(W-2/1099-MISC)	(,,	organization
	organizations	l trus	naltri		oyee	о По По				and related
	below	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) YAYDA WYDDD DAGG	line) 1,50	흎	Ē	₹	<u>\$</u>	£.2	훈			
(1) LAURA HUETER BASS TRUSTEE	1.50	x						0.	0.	0
(2) GARY BEAL	1,50	╇	├─	-	-	├	-		· · · · · · · · · · · · · · · · · · ·	
TRUSTEE	1.50	x						0.	٥.	0
(3) DOUGLAS BROWN	1,50	Ĥ		-		\vdash	-	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	· ·
TRUSTEE	1.50	x				l		0.	0.	0
(4) JOHN CORDOVA	1.50	-					-		<u> </u>	<u> </u>
TRUSTEE	-	x						0.	٥.	0
(5) GARY GORDON	1,50	Ħ								
TRUSTEE	-	x						٥.	٥.	0
(6) JACK FORTNER	1,50	t			\vdash	\vdash				-
TRUSTEE		x						0.	0.	0
(7) ORCILIA ZUNIGA FORBES, PH.D.	1.50	1	Г		\vdash					
TRUSTEE		x						0.	٥.	0
(8) EDWARD "GUS" FOSTER	1.50		Г							
TRUSTEE	_	x						0.	0.	0
(9) ROBERT FRANK, PH.D.	1.50									
TRUSTEE		х						0.	0.	
(10) MARK LESHER, M.D.	1,50]								
TRUSTEE		х						0.	0.	0
(11) STEVE MITCHELL	1.50]								
TRUSTEE		х						0.	0.	0
(12) LAURIE MOYE	1.50									
TRUSTEE		Х		_	L	ļ		0.	0.	0
(13) SHERRY PARSONS	1,50									ŀ
TRUSTEE	 	х	_		_	<u> </u>	_	0.	0.	0
(14) KIMBERLY PENA	1.50	┨						_		_
TRUSTEE	ļ	Х	⊢	 		_		0.		0
(15) STEVE PETRANOVICH	1,50	∤						_	_	_
TRUSTEE	1.50	Х	<u> </u>	_	 	-	-	0.	0.	0
(16) NANCY RIDENOUR, PH.D.	1.50	x		-						l .
TRUSTEE	1.50	 ^	├-	_	├	┼	-	0.	0.	0
(17) KURT L ROTH TRUSTEE	1.30	x						0.	0.	
332007 10-29-13		T.,		<u> </u>	Щ_	<u>—</u>	Ц	<u> </u>	<u>'</u>	Form 990 (2013

332007 10-29-13

` (A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	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
(18) RANDY ROYSTER	1.50									
TRUSTEE		х						0.	0.	0
(19) ANNE YEGGE	1.50									
TRUSTEE		X						0.	0.	0
(20) JUDY ZANOTTI	1.50									
TRUSTEE		X						0.	0.	0
(21) CARL ALONGI	5.00									
BOARD CHAIR		х		x				0.	0.	0
(22) MICHELLE COONS	3.00									
VICE CHAIR/CHAIR ELECT		х		х				0.	0.	0
(23) RANDY VELARDE	3.00									_
NATIONAL VICE CHAIR		х		х				0.	0.	0
(24) DOROTHY RAINOSEK	3.00									
SECRETARY		x		х				0.	0.	0
(25) LARRY ABRAHAM	3.00									
ASSISTANT TREASURER		х		Х				0.	0.	0
(26) HENRY NEMCIK	40.00									
PRESIDENT & CEO				x				368,930.	0.	35,251
1b Sub-total								368,930.	0.	35,251
c Total from continuation sheets to Part \	/II, Section A						>	1,453,729.	0.	207,321
d Total (add lines 1b and 1c)								1,822,659.	0 .	242,572

Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

3 X

- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RUFFALOCODY		
PO BOX 718, DES MOINES, IA 50303	PROFESSIONAL FUNDRAISING	245,405.
NORTHERN TRUST		
50 SOUTH LA SALLE STREET, CHICAGO, IL 60603	INVESTMENT CUSTODIAN (SCH O)	144,634.
CLEAR CHANNEL MEDIA AND ENTERTAINMENT,		
5411 JEFFERSON NE STE 100, ALBUQUERQUE, NM	ADVERTISING	142,211.
CENTERBEAM, INC.		
PO BOX 847037, DALLAS, TX 75284	IT INFRASTRUCTURE SERVICES	134,893.
ELLUCIAN SUPPORT INC, 14083 COLLECTIONS	SOFTWARE LICENSE, MAINTENANCE,	
CENTER DR, CHICAGO, IL 60693	SUPPORT	106,392.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	6	

SEE PART VII, SECTION A CONTINUATION SHEETS

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
	•		and a response	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts to	1 a	Federated campaigns	1a	860,315.				
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
P S'0	С	Fundraising events	1c	90,627.				
# i		Related organizations	1d					
S,E		Government grants (contribut	• • —					
ËΩ		All other contributions, gifts, gran						
돌		similar amounts not included abo		35,586,847.				
ĒÖ	a	Noncash contributions included in lines		4,455,861.				
2 2	h	Total. Add lines 1a-1f		<u> </u>	36,537,789.			
				Business Code	·			
و	2 a	DEV. FUNDING ALLOC.		611710	2,294,731.	2,294,731.		İ
울	b	 				, ,		
Program Service Revenue	c			-				
E S	d							
ğά	-							
품	f	All other program service reve	enue					<u> </u>
	f All other program service revenue g Total. Add lines 2a-2f				2,294,731.	***		
\rightarrow	3	Investment income (including	dividends inter	est and				
	Ū	other similar amounts)	dividende, mien	DOI, UTG	3,368,075.		285,937.	3,082,138.
	4	Income from investment of ta	x-exemnt bond r	proceeds	, ,			-,
}	5	Royalties	x exempt bond p	Sioceccas	-			
	•	rioyanies	(ı) Real	(II) Personal			·	!
	6 a	Gross rents	91,235.			:		ļ
	b		47,506.	÷		•		
	c		43,729					
		Net rental income or (loss)			43,729.			43,729.
		Gross amount from sales of	(ı) Securities	(II) Other	,	-		
	, u	assets other than inventory	98,790,061,	(ii) Other				
	h	Less: cost or other basis	, ,]		
	_	and sales expenses	74,069,629.			İ		
	c	Gain or (loss)	24,720,432.					
		Net gain or (loss)			24,720,432.	•		24,720,432.
		Gross income from fundraisin	a events (not		,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
를			,627. of					
Other Revenu		contributions reported on line						
Ğ.		Part IV, line 18	а	42,279.				
<u> </u>	ь	Less: direct expenses	. u	38,430.		İ		
Ō		Net income or (loss) from fund			3,849.		• -	3,849.
l		Gross income from gaming ac	_					
[Part IV, line 19	а					1
ĺ	b	Less: direct expenses	b					
		Net income or (loss) from gam	•		-			
		Gross sales of inventory, less	-					
		and allowances	a					
	b	Less. cost of goods sold	. b					
İ		Net income or (loss) from sale	_				-	
Ì		Miscellaneous Revenu		Business Code			-	
ŀ	11 a			Dusiliess Code		1	-	
	ii a							
	C			 				
1	<u>ن</u> بہ	All other revenue		 				
]	u _	Total, Add lines 11a-11d						-
- 1	12	Total revenue. See instructions.		· []	66,968,605.	2,294,731.	285,937.	27,850,148.
332009 10-29-			·	<u> </u>		7=-7		Form 990 (2013)

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). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 30,455,098 organizations in the United States. See Part IV, line 21 30,455,098 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,640,925 866,711 774,214. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,679,178 1,013,318 4,665,860. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 392,360 74,620 317,740. 705,368 113,135 592,233. Other employee benefits 101,906 339,718. 441,624 10 Payroll taxes Fees for services (non-employees): Management 8,028 8,028 **b** Legal 67,247 67,247 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 219,555 219,555. 249,328 249,328 investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 535,626 262,360 273,266. column (A) amount, list line 11g expenses on Sch O.) 198,448 12,995 185,453. 12 Advertising and promotion 438,896 367,293 71,603. Office expenses 13 255,259 138,703 116,556. Information technology 14 Royalties 15 299,610 299,610 16 Occupancy 271,504 84,398 187,106. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 30,735 30,735 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 24,703 24,703 22 Depreciation, depletion, and amortization 124,477 124,477 23 Other expenses, Itemize expenses not covered 24 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.) DONOR RELATIONS 569,069 278,741 290,328. ANNUITY EXPENSE 373,642 373,642 DUES & SUBSCRIPTIONS 111,519 18,798 92,721. C PROFESSIONAL DEVELOPMEN 78,102 6,972 71,130. 42,438 42,438. All other expenses е 43,212,739 Total functional expenses. Add lines 1 through 24e 30,828,740. 4,186,516, 8,197,483. 25 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 if following SOP 98-2 (ASC 958-720)

332010 10-29-13

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 200 200. 1 1 Cash - non-interest-bearing 7,889,429 11,761,025. 2 2 Savings and temporary cash investments 2,404,098 2.475,717. 3 Pledges and grants receivable, net 3 101,249 1,868,459. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 5,332 15,349, 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 2,000,856 basis. Complete Part VI of Schedule D 10a 67,496 1,742,529 1,933,360, 10b b Less: accumulated depreciation 10c 67,660,940 39,399,857. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 101,276,739 168,938,486, 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 8,000 2,738,236. 15 15 Other assets. See Part IV, line 11 229,130,689. 181,088,516. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 971,134. 1,149,609. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 477,987 266,719. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 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 9,641,443 29,367,150. Schedule D 11,090,564 30,783,478. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,246,426 2,396,794. 27 Unrestricted net assets 17,916,757 20,907,144. Temporarily restricted net assets 28 149.834.769. 175,043,273. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 169,997,952 33 Total net assets or fund balances 33 198,347,211. 229,130,689. Total liabilities and net assets/fund balances 181,088,516,

Form	990 (2013) UNIVERSITY OF NEW MEXICO FOUNDATION, INC	85-0275408		Pa	ge 12		
	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,605.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,212,739				
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5	3	,809	,977.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		783	,416.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	198	,347	,211.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u>ш</u>		
				Yes	No		
1	Accounting method used to prepare the Form 990: Lash La Accrual Cother				: ا		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			lj		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis				!		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit					
	Act and OMB Circular A-133?		За		х		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

UNIVERSITY OF NEW MEXICO FOUNDATION, INC

OMB No 1545-0047

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number**

Inspection

85-0275408

Schedule A (Form 990 or 990-EZ) 2013

Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
_ Γhe orga	anization is not a	private foundation I	because it is: (For lines 1	through 1	11, check	only one b	ox.)					
1 🗆	A church, coi	nvention of churches	s, or association of churc	ches desci	ribed ın se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🗀	A hospital or	a cooperative hospit	tal service organization o	described	ın section	170(b)(1)(A)(iii).					
4 🗆	A medical res	search organization of	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(iii). Enter t	the hospita	l's name),
	city, and state	e:										
5			benefit of a college or ur	niversity ov	wned or op	perated by	a governr	nental uni	describ	ed in		
	•	(b)(1)(A)(iv). (Comple	=	-	·	·	_					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X	7	· ·	eives a substantial part o					r from the	general	public desc	ribed in	
-	•	b)(1)(A)(vi). (Comple	•		-	•			•	•	-	
8 	7		ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 🗀	¬ ´		eives: (1) more than 33 1			rom contri	butions, m	nembershii	o fees, a	nd aross re	ceipts fr	om
-	_	-	nctions - subject to certa									
		•	axable income (less sect							-		
		509(a)(2). (Complete	•		,,	511100000 0	ioquiiou b	, and orga	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	untor ourro	50, 1010	
10 🗆	_		perated exclusively to tes	st for nubl	ic safety 5	See sectio	n 509(a)(4	ı)				
11 🗀	¬ ~		perated exclusively for th	•	•			•	out the	nurnoses	of one o	r
–	•	•	itions described in section		•							•
			organization and comple		-		.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,(-,: -,:			
	a Type I			ype III - Fui			c	I Typ	e III - No	n-functiona	lly integr	rated
e 🗀	¬	<u>-</u>	t the organization is not	•	-	-		,,			, ,	
•			han one or more publicly				=					
f		-	ten determination from t		_				/(α/(٠/ ٥/	55511611 55	J(4)(2).	
•	-	rganization, check th			o u . ,	po ., . , po	, 5. 1, 5.					
g	•	•	rganization accepted ar	ny aift ar ce	ontribution	from any	of the follo	owing pers	ons?	•		
9			rectly controls, either al					_		,	Yes	No
		-	upported organization?	o	O. 101	po.00.10 0		(, a	, 20.011	, 11g(i)	1:55	
	=	-	described in (i) above?							11g(ii)		
	• • •	•	person described in (i) of		- ?					11g(iii	T	
h			about the supported org				•			119(ч	
••	1 TOVIGE CITE I	ollowing imorniation	about the supported of	garnzanom	(0).							
(i) Nar	no of cupported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls	the	(vii) Amoun	t of mone	etanı
	ne of supported rganization	(11) = 114		in col. (i) lis				organizatio (i) organiz			port	star y
_	· 5 ·····			governing	document?	(i) of your	support?	Ü.S	?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>				1				
	_											
	<u>-</u>				l							
		="										
				ļ. <u>. </u>								
Total		<u> </u>										

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 UNIVERSITY OF NEW MEXICO FOUNDATION, INC 85-0275408 Part II 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.)

Sec	tion A. Public Support	- <u></u>							
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Gifts, grants, contributions, and								
-	membership fees received. (Do not			1					
	include any "unusual grants.")	26,290,498.	35,182,145.	31,534,406.	35,384,747.	36,537,789.	164,929,585.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities				-				
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	26,290,498.	35,182,145.	31,534,406.	35,384,747.	36,537,789.	164,929,585.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included			j					
	on line 1 that exceeds 2% of the			}					
	amount shown on line 11,								
	column (f)						17,255,360.		
	Public support. Subtract line 5 from line 4		i				147,674,225.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	26,290,498.	35,182,145.	31,534,406.	35,384,747.	36,537,789.	164,929,585.		
8	Gross income from interest,		:						
	dividends, payments received on		i						
	securities loans, rents, royalties								
	and income from similar sources	2,678,657.	2,942,296.	3,343,374.	3,365,393.	3,459,310.	15,789,030.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on	619.					619.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)								
	Total support. Add lines 7 through 10					<u> </u>	180,719,234.		
	Gross receipts from related activities,				Į	12	11,773,873.		
13	First five years. If the Form 990 is for	=	first, second, third	i, fourth, or fifth ta	x year as a sectioi	n 501(c)(3)	. —		
<u>S</u>	organization, check this box and stop ction C. Computation of Publi	here C Support Per	rcentage		-				
				aluman (fl)	· · · · · · · · · · · · · · · · · · ·	44	81.71 %		
	Public support percentage for 2013 (I Public support percentage from 2012		•	olunin (I))	ŀ	15	81.71 % 79.55 %		
	,, ,			line 13 and line 1	1 is 33 1/3% or m				
102	6a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization quali	_				or more, encored	▶ □		
172	10% -facts-and-circumstances test				13, 16a, or 16b, a	ind line 14 is 10%	or more		
	and if the organization meets the "fac	•					•		
	meets the "facts-and-circumstances"				•	non the organ	▶ □		
h	10% -facts-and-circumstances test				=	7a and line 15 is	10% or		
	more, and if the organization meets th	•				•			
	organization meets the "facts-and-circ				-		·		
18	Private foundation. If the organization		•	•	, ,				
٠,٠		Gid Hot Oncor a l	20.1 01, 1110 10, 100	, , 1, u, o, 17 D	LOTICON TITIS DOX A	na acc manucion			

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 UNIVERSITY OF NEW MEXICO FOUNDATION, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

quality under the tests listed	below, please com	piete Part II)				
Section A. Public Support	T (10000	43.0040	(=) 0044	(4) 0040	(c) 0010	/6 T-4-1
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						_
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						1
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	,					
3 received from disqualified persons			1		<u> </u>	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b				<u> </u>		
8 Public support (Subtract line 7c from line 6)	· · · · · · · · · · · · · · · · · · ·		3'		1	
Section B. Total Support		. 		<u> </u>	· l·····	· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	1-7	(-/		3-7	1	
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 acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		L		<u> </u>	1	<u> </u>
14 First five years. If the Form 990 is for	or the organization'	's first, second, thi	rd, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						▶∟
Section C. Computation of Pub					T := T	
15 Public support percentage for 2013		•	column (f))		15	%
16 Public support percentage from 201					<u> 16 </u>	%
Section D. Computation of Inve	stment Incom	ne Percentage	<u> </u>		, , ,	
17 Investment income percentage for 2	: 013 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2012 Schedule A,	, Part III, line 17	-	•	18	
19a 33 1/3% support tests - 2013. If th	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qua	lifies as a publicly s	supported organiz	zation	▶□
b 33 1/3% support tests - 2012. If th	e organization did i	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The org	anization qualifies	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	ightharpoons

Part IV	Supplemental Information. 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).	
		
		
		•
		
_		
		
		
		
		

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.

► Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNIVERSITY OF NEW MEXICO FOUNDATION, INC

Employer identification number 85-0275408

Par	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, line		or Accounts.Complete if the
	organization answered fes to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(4) 251101 241103 (41104	(2), (2), (3)
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		- d £d a
5	Did the organization inform all donors and donor advisors in	_	
_	are the organization's property, subject to the organization's	-	Yes L No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
-	impermissible private benefit?		Yes No
Par			art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	_ <u>_</u>
	violations, and enforcement of the conservation easements i	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170((h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X	-	▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
-	the following amounts required to be reported under SFAS 1		· · · · · · · · · · · · · · · · · · ·
а	Revenues included in Form 990, Part VIII, line 1	. , , , , , , , , , , , , , , , , , , ,	\$ 2,730,236.
	Assets included in Form 990, Part X	•	\$ 2,738,236.
_	• • • • • • • • • • • • • • • • • • • •	•	· · · · · · · · · · · · · · · · · · ·

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Schedule D (Form 990) 2013

		F NEW MEXICO F					-0275			age 2
Par	t III Organizations Maintaining Co									
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that	t are a	significant us	e of its	collectio	n item	IS
	(check all that apply):									
а	Public exhibition	d		hange progra						
b	Scholarly research	е	X Other SUP	PORT UNM A	RT PR	OGRAMS				
C	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they further t	he organization	on's exe	empt purpos	e ın Par	t XIII.		
5	During the year, did the organization solicit or r	receive donations of	of art, historical trea	sures, or othe	er sımıla	ar assets	_	7	_	٦ .
	to be sold to raise funds rather than to be main						<u> </u>			<u> No</u>
Pai	t IV Escrow and Custodial Arrange	•	te if the organizatio	n answered "	Yes" to	Form 990, I	Part IV, I	ine 9, or		
	reported an amount on Form 990, Part			 						
1a	Is the organization an agent, trustee, custodiar	n or other intermed	ary for contribution	s or other as	sets no	t included		٦		٦.
	on Form 990, Part X?							J Yes		J No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing table.							
								Amoun	<u> </u>	
	Beginning balance	•		•		1c				
	Additions during the year					1d				
е	Distributions during the year					1e	_			
f	Ending balance				•	1f		T.	Ī	T
	Did the organization include an amount on For							」Yes	 	. No
	If "Yes," explain the arrangement in Part XIII. C									
Pa							ro book	(.) Fau		book
		(a) Current year	(b) Prior year	(c) Two year		(d) Three yea 119,75		(e) Four		
	Beginning of year balance	167,287,758.	150,183,261.	148,118	796.	14,31				,977. ,905.
	Contributions	6,185,179. 30,217,420.	8,920,993. 16,862,034.		,635.		1,474.			239.
	Net investment earnings, gains, and losses	6,532,260.	5,953,973.		,946.		4,334.			745.
	Grants or scholarships	0,332,200.		0,140	, , , , , , , , , , , , , , , , , , , ,	0,27	4,334.	10	, 701	, , 45.
е	Other expenditures for facilities	0.							35	,574.
	and programs	2,325,640.	2,724,557.	2 500	731.	2 36	2,685.	2		756.
	Administrative expenses	194,832,457.	167,287,758.	150,183		148,11				,046.
	· _				,		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		, , , , ,	
2	Provide the estimated percentage of the currer Board designated or quasi-endowment	10.42	% (iiile 1g, coluinii (a	ij) neid as.						
	Permanent endowment 89.32	%	_70							
	Temporarily restricted endowment									
C	The percentages in lines 2a, 2b, and 2c should									
30	Are there endowment funds not in the possess	•	tion that are held a	nd administa	red for	the organiza	tion			
Ja		sion of the organiza	tion that are ned a	na aaniiniste	100 101	are organiza		ſ	Yes	No
	by: (i) unrelated organizations							3a(i)	103	X
	(ii) related organizations	•				-		3a(ii)	_	x
h	If "Yes" to 3a(ii), are the related organizations li	isted as required or	Schedule R2			•		3b		
	Describe in Part XIII the intended uses of the o							[00]		
Pai	rt VI Land, Buildings, and Equipme		minora iurius.							
	Complete if the organization answered		Part IV line 11a S	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or ot				ccumulated		(d) Boo	k Valu	
	pescription of property	basis (investm	1 , ,	(other)	• •	epreciation		(a) DOO	valu	_
12	Land		,616.						141	616.
	Buildings	1,679					$\neg \vdash$	1	_	112.

Schedule D (Form 990) 2013

0.

112,632.

1,933,360.

7,210.

60,286.

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment e Other 7,210.

172,918.

Part VIII Investments - Other Securities.									
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value									
(1) Financial derivatives									
2) Closely-held equity interests									
3) Other									
(A) INTERNATIONAL BOND FUND 4,735,813. END-OF-YEAR MARKET VALUE									
(B) DOMESTIC EQUITY FUND 41,610,966. END-OF-YEAR MARKET VALUE									
(C) INTERNATIONAL EQUITY FUND 45,535,953. END-OF-YEAR MARKET VALUE (D) MARKETABLE ALTERNATIVES 35,316,984. END-OF-YEAR MARKET VALUE									
(D) MARKETABLE ALTERNATIVES	35,316,984	+							
(E) PRIVATE EQUITY									
(G) DOMESTIC BOND FUND 7,424,930. END-OF-YEAR MARKET VALUE									
(H) Table (Col. (b) south court Form 000 Port V col. (D) to 10) 169, 939, 496									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	168,938,486	•							
Part VIII Investments - Program Related.									
Complete if the organization answered "Yes"				d of year market value					
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market value					
		 							
(2)									
		<u> </u>							
(4)									
(5)				" :					
(6)									
(7)		+							
(8)	-								
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				· · · · · · · · · · · · · · · · · · ·					
Part IX Other Assets.		<u> </u>							
Complete if the organization answered "Yes"	to Form 990 Part IV line	11d. See Form 990. F	Part X. line 15						
	Description	1141 000 1 0111 000,1	41174, 11110 101	(b) Book value					
(1)	·								
(2)				_					
(3)									
(4)									
(5)		_							
(6)									
(7)									
(8)									
(9)									
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)								
Part X Other Liabilities.									
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 25						
1. (a) Description of liability		(b) Book value		į					
(1) Federal income taxes									
(2) DEFERRED ANNUITIES PAYABLE 2,848,175.									
(3) ENDOWMENT GIFTS TO CUSTODIAN 1,746,737.									
(4) NON-ENDOWMENT GIFTS TO UNIVERSITY, CUI	RRENT	20,386,988.							
(5) NON-ENDOWMENT GIFTS TO UNIVERSITY, NOT	N-CURRENT	4,385,250.							
(6)									
(7)									
(8)									
(9)									
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)	29,367,150.							

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

a Net unrealized gains on investments

b Donated services and use of facilities

c Recoveries of prior year grants

d Other (Describe in Part XIII.)

2

Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities **b** Prior year adjustments c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 4: EXPLANATION: THE DONATED ART WILL BE SOLD AND THE NET PROCEEDS WILL SUPPORT ART PROGRAMS. COLLECTIONS AND MUSEUMS OF THE UNIVERSITY OF NEW MEXICO. PART V, LINE 4: EXPLANATION: THE PURPOSE OF EACH ENDOWMENT FUND IS SPECIFIED IN A WRITTEN

LINE 2D - OTHER ADJUSTMENTS: PART XI,

AGREEMENT WITH A DONOR(S) AND SUPPORTS THE MISSION OF THE UNIVERSITY OF

NEW MEXICO, INCLUDING SCHOLARSHIPS, FACULTY SUPPORT, LIBRARIES, RESEARCH

332054 09-25-13

Schedule D (Form 990) 2013

BUILDINGS AND EQUIPMENT.

Schedule D (Form 990) 2013 UNIVERSITY OF NEW MEXICO FOUNDATION,	INC	85-0275408	Page 5
Schedule D (Form 990) 2013 UNIVERSITY OF NEW MEXICO FOUNDATION, Part:XIII Supplemental Information (continued)			
,			
ADJUSTMENT FOR ACTUARIAL ALIABILITY OF ANNUITIES PAYABLE	783,416.		
*			
<u>, , , , , , , , , , , , , , , , , , , </u>	 		
<u> </u>			
			
			
	<u></u>		
		<u> </u>	
			
	<u> </u>		
			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

2010	
Open to Public	
Inspection	

Name of the organization					Employer ident	ification number
JNIVERSITY OF NEW MEXI	CO FOUNDATIO	N, INC			85-0275408	
			tside the United States. Comple	te if the organ	ization answered	"Yes" on
Form 990, Part I						
-	-		ds to substantiate the amount of its gra			
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? L	J Yes □ No
2 For grantmakers. Desc	oribe in Part V the	organization's	procedures for monitoring the use of its	arante and o	ther assistance of	itsida tha
United States.	Sibe iii i ait v tii	organization s	procedures for mornioring the use of its	grants and o	trier assistance of	itside trie
	he following Part	t I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
(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)	ıs a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
	_	, togion				
CENTRAL		_				
AMERICA/CARIBBEAN	0	0	INVESTMENTS			31,512,899.
		_				
					-	
						ŀ
	ļ					
						
					<u> </u>	
	i e					
3 a Sub-total	0	0				31,512,899.
b Total from continuation		•				
sheets to Part I	0	0			-	0.
c Totals (add lines 3a	1	n				31 512 900

Schedule F (Form 990) 2013

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

Page 2

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								i
nper or	Enter total number of other organizations or entities	r entities				1		

Schedule F (Form 990) 2013

FOUNDATION,
MEXICO
NEW
QF
UNIVERSITY
0) 2013
99(

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					
	IV, line 16.	(g) Description of non-cash assistance					
85-0275408	in Form 990, Part	(f) Amount of non-cash assistance					
85-	States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
ION, INC	tes. Complete if	(d) Amount of cash grant					
XICO FOUNDAT	e the United Sta	(c) Number of recipients					
UNIVERSITY OF NEW MEXICO FOUNDATION, INC	e to Individuals Outsid Iditional space is neede	(b) Region					
Schedule F (Form 990) 2013	Part III Grants and Other Assistance to Individuals Outside the United Part III can be duplicated if additional space is needed	(a) Type of grant or assistance					

Schedule F (Form 990) 2013

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2013

Yes X No

for Form 5713)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2013

OMB No. 1545-0047

Open To Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990 **Employer identification number** Name of the organization UNIVERSITY OF NEW MEXICO FOUNDATION, INC 85-0275408 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations Solicitation of non-government grants اے Internet and email solicitations X Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser organization listed in col. (i) TELEPHONE, EMAIL, DIRECT RUFFALOCODY - PO BOX 3018 Yes No MAIL SOLICITATION 616,855 219,555 397,300. CEDAR RAPIDS, IA х 616,855 219,555. 397,300. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration NM

332081 09-12-13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

che	dul	e G (Form 990 or 990-EZ) 2013 UNIVERSITY	OF NEW MEXICO FOUR	NDATION, INC	85-02	275408 Page 2
Pai	ŧĪ		-			
_		of fundraising event contributions and gr				ts greater than \$5,000
1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
es Revenue		•	COLE MOUDINAMENM #1	COLE MOLIBNIAMENM #2	2	(add col (a) through
-			(event type)			col. (c))
e l			(event type)	(event type)	(total namber)	
ever Sever	1	Gross receipts	27,173.	57,000.	48,733.	132,900
-				45.400		00.505
	2	Less: Contributions	20,579.	47,123.	22,925.	90,62
	3	Gross income (line 1 minus line 2)	6,594.	9,877.	25,808.	42,279
	_	Cook owner				
ļ	4	Cash prizes .	-			
ς l	5	Noncash prizes		-		
Direct Expenses	6	Rent/facility costs	6,959.	13,940.	2,425.	23,324
찞		,				
irect	7	Food and beverages	600.	3,400.		4,000
^	8	Entertainment			2,650.	2,650
	9	Other direct expenses	4,545.	742.	3,169.	8,45
	10		h 9 ın column (d)		. •	38,43
- [11	Net income summary. Subtract line 10 from l	ine 3, column (d)			3,84
Pa	πĪ	II Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	, 			
ا <u>ب</u> و			(a) Bingo		(c) Other gaming	
Revenue				biligo/progressive biligo		coi. (a) through coi. (t
۾ ا ڇ						
\dashv	1	Gross revenue		Vered Yes* to Form 990, Part IV, line 18, or reported more than \$15,000 1990-EZ, lines 1 and 6b. List events with gross recepts greater than \$5,000. (b) Event #2		
,,	2	Cash prizes				
use L	_		-			
Š.	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
ਙੋ∣	7					
_	5	Other direct expenses	<u> </u>			
	6	Volunteer labor	Yes %			
	•		123	1		
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		•	
		ter the state(s) in which the organization opera				
а		the organization licensed to operate gaming a		states?		└── Yes └── N
	11	No," explain:				
b Oa	We	ere any of the organization's gaming licenses r	· ·	rminated during the tax y	ear?	Yes N

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

Sch	nedule G (Form 990 or 990-EZ) 2013 UNIVERSITY OF NEW MEXICO FOUNDATION, INC 85-0	275408	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	No
	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?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
4	The organization's facility	13a	%
ŀ	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
•	c If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
			
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ 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 🕨 \$		
<u>P</u> :	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		0b, 15b,
PA	RT I, LINE 2B, COLUMN (V):		
EX	PLANATION: TELEPHONE SOLICITATION		
_			

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

2013	1	Open to Public Inspection	

OMB No 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization						-	Employer identification number
Double Concept Information on Contest	UNIVERSITY OF NEW MEXICO FOUNDATION	DUNDATION, INC					80-02/2408
	allu Assistatice						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assistance?	stance?						X Yes No
2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.			
Part II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	complete if the orga	Inization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	r be duplicated if addit	ional space is need	Jed.			
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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW MEXICO							TANDERSON OF TAXABLE CONTROL
ALBUQUERQUE, NM 87131	85-6000642	STATE GOVERNMENT	30,455,098.	0		_	PROGRAMS AT UNIVERSITY
					·		
	and government or	rganizations listed in th	re line 1 table				1,
-1	s listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2013)

Page 2

85-0275408

Schedule I (Form 990) (2013)

Part III

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ➤ See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

UNIVERSITY OF NEW MEXICO FOUNDATION, INC

Employer identification number

85-0275408

Pa	rt I Questions Regarding Compensation			
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trastees, and officers, moldaring the obortexcountry broader, regulating the realist product in into ha.			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
٠	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Torm 990 of other organizations Approval by the board or compensation committee			
	- TOTAL BY the Board of Compensation Committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			1
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l i
	contingent on the net earnings of:			
а	The organization?	6a		x
	Any related organization?	6b		х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		x '
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		
	- Maria			

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

Schedule J (Form 990) 2013

85-0275408

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) HENRY NEMCIK	€	293,350.	20,580.	55,000.	28,220.	7,031.	404,181.	0.
PRESIDENT & CEO	: ≘	0	0	0	0	0	0	0
(2) LARRY RYAN	ΙΞ	177,874.	9,902.	0	15,753.	7,800.	211,329.	0
VICE PRESIDENT	Ξ	0	0.	0.	0	0	0	0
(3) WILLIAM UHER	Į≘	182,841.	10,310.	0.	15,907.	6,728.	215,786.	
VICE PRESIDENT	E	0	0.	0	0	0	0	
(4) RODNEY HARDER	≘	170,469.	10,290.	0	14,870.	15,302.	210,931.	0
CFO & TREASURER	<u> </u>		0	0	0	0	0	0
(5) SANDRA LIGGETT	18	168,467.	10,593.	0.	15,308.	11,655.	206,023.	0
GENERAL COUNSEL		0	0	0	0	0	0	0
(6) CURTIS HELSEL	≘	156,309.	9,514.	0	666'6	11,657.	187,479.	0
CHIEF OPERATING OFFICER	<u> </u>		0	0.	0	0	0	0
	Ξ							
	<u> </u>							
	Ξ							
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332112				Ċ			Sched	Schedule J (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF NEW MEXICO FOUNDATION, INC

Employer identification number 85-0275408

Par	t I Types of Property							
		(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of noncash conta			
		applicable		Form 990, Part VIII, line 1g	Honcash cond	ibution a	nount	.
1	Art - Works of art	Х	4,739		ADJUSTED APPRA	ISAL		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods			-				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	х	62	1,354,625.	FMV			
10	Securities - Closely held stock	-						
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous				_			
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential	х	2	371,000.	APPRAISAL			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()	-						
26	Other ()							
27	Other ()			<u> </u>				
28	Other ()							
29	Number of Forms 8283 received by the organi	ızatıon durın	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			2	
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1 - 28,	that it must hold for	r		
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for]
	the entire holding period?			,		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31	Х	
32a	Does the organization hire or use third parties	or related o	rganizations to sol	cit, process, or sell noncash	ı			
	contributions?					32a	х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is cl	necked,			
	describe in Part II.							
I HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule	M (Form	990) (2013)

332141 09-03-13

332142 09-03-13

Schedule M (Form 990) (2013)

SCHEDULE 0

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ 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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number

UNIVERSITY OF NEW MEXICO FOUNDATION, INC	85-0275408
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE UNIVERSITY OF NEW MEXICO FOUNDATION, INC. (UNM FOUNDATION) IS A	
NONPROFIT NEW MEXICO CORPORATION ORGANIZED TO RAISE, MANAGE AND INVEST	
PRIVATE GIFTS IN SUPPORT OF THE UNIVERSITY OF NEW MEXICO (UNIVERSITY).	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE UNM FOUNDATION ENHANCES THE EDUCATIONAL PURPOSES OF THE UNIVERSITY	
BY RAISING PRIVATE FUNDS FOR THE BENEFIT OF STUDENTS, FACULTY AND	
PROGRAMS, MANAGES THOSE FUNDS TO ENSURE DONOR INTENT IS REALIZED AND	
INVESTS ENDOWMENT FUNDS AND OTHER FUNDS NOT IMMEDIATELY REQUIRED TO	
PROVIDE FOR LONG-TERM SUPPORT OF THE UNIVERSITY.	
FORM 990, PART VI, SECTION A, LINE 6:	
EXPLANATION: THE MEMBERS OF THE CORPORATION SHALL CONSIST OF THE BOARD OF	
TRUSTEES,	
FORM 990, PART VI, SECTION A, LINE 7A:	
EXPLANATION: THE BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO MAY	
APPOINT ONE MEMBER TO THE UNM FOUNDATION'S BOARD OF TRUSTEES. THE BOARD OF	
REGENTS IS THE CONSTITUTIONALLY DESCRIBED GOVERNING BODY OF THE UNIVERSITY	
HAVING FIDUCIARY RESPONSIBILITY FOR THE ASSETS AND PROGRAMS OF THE	
UNIVERSITY. THE BOARD OF TRUSTEES IS THE ELECTED GOVERNING BODY OF THE UNM	-
FOUNDATION HAVING FIDUCIARY RESPONSIILITY FOR THE ASSETS AND PROGRAMS OF	
THE UNM FOUNDATION.	
	

FORM 990, PART VI, SECTION A, LINE 7B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332212

Schedule O (Form 990 or 990-EZ) (2013)

THE EXECUTIVE COMMITTEE AND COMPENSATION

POSITIONS ON AN ANNUAL BASIS.

COMPENSATION CONSULTANT TO PROVIDE COMPENSATION RANGES FOR COMPARABLE

orm 990 UNIVERSITY OF	NEW WEXTC	JF	OUN	DAT	TON	, ті	NC		85-027540	<u> </u>
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)							(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
•	hours	(cl	heck	all '	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empt		organization	(W-2/1099-MISC)	from the
	hours for	or di	8			ated		(W-2/1099-MISC)		organization
	related organizations	nstee	trust		8	преля				and related organizations
	below	ual tr	tonal		ള	t con	_			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	F ormer			
(27) LARRY RYAN	40,00	┢▔	┢▔	H	╁═╴	H	Ë			
VICE PRESIDENT		l		x				187,776.	0.	23,553
(28) WILLIAM UHER	40.00							<u>-</u>		-
/ICE PRESIDENT		1		x				193,151.	0.	22,635
(29) RODNEY HARDER	40.00	_	厂		<u> </u>			·		
CFO & TREASURER		ĺ		x				180,759.	0.	30,172
(30) SANDRA LIGGETT	40.00	Г	<u> </u>					·		-
GENERAL COUNSEL		1		x				179,060.	0.	26,963
(31) CURTIS HELSEL	40.00									
CHIEF OPERATING OFFICER		1	l		x			165,823.	0.	21,656
(32) ANNETTE HAZEN	40.00									
ASSOCIATE VICE PRESIDENT						х		119,272.	0.	16,360
(33) WENDY STIRES	40.00									
ASSOCIATE VICE PRESIDENT					ł	х		116,675.	0.	19,538
(34) SHELIA HARD	40.00		Π							
DIR OF PLANNED GIVING						х		104,722.	0.	15,336
(35) GRETCHEN MULLEN	40.00						Γ			
HR DIRECTOR		<u> </u>				х		103,786.	0.	15,933
(36) BELINDA JENTZEN	40.00									
DEVELOPMENT OFFICER				<u> </u>		х		102,705.	0.	15,175
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