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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at usual ire gov/form990

٨	Fau Aba C	Odf and additional about Form 990 and its instructions is at www.ii	•					
<u>^</u>		015 calendar year, or tax year beginning July 1 , 2015, and end	ing Ju	ne 30	, 20 16			
В	Check if a			D Employer identification number				
닏	Address cl			85-6010718				
Ш	Name char	Number and street (or P O. box if mail is not delivered to street address) Room/s	suite	E Telephone number				
Ш	Initial retur	101 W. College Blvd.			(575)624-8035			
	Final return/	terminated City or town, state or province, country, and ZIP or foreign postal code	,					
	Amended	return Roswell, NM 88201		G Gross re	ceipts \$ 6,554,238			
	Application	pending F Name and address of principal officer	H(a) Is this a	roup return for s	subordinates? Yes Vo			
		Same as "C" above			included? Yes No			
ı	Tax-exem				list (see instructions)			
J	Website:		H(c) Groun	exemption	number ► N/A			
ĸ		panization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form			of legal domicile NM			
P	art I	Summary	1343		or regar destriction [4]41			
		Briefly describe the organization's mission or most significant activities: The n	nission of the	NMMI FOU	undation Inc			
Ð	1	Foundation) is to create, maintain and administer an endowment fund for the bene						
Governance								
Ě		be used for research, scientific and literary purposes; and to promote generally to the box						
8		Check this box \(\bigcup \subseteq \subseteq if the organization discontinued its operations or disposed than the property of the property of the discontinued its operations or disposed the property of the property of the discontinued its operations or disposed the property of the property of the discontinued its operations or disposed the property of the property of the property of the discontinued its operations or disposed the property of the prope	or more than	1 - 1				
		lumber of voting members of the governing body (Part VI, line 1a)		3	13			
S		lumber of independent voting members of the governing body (Part VI, line 1b))		12			
Activities &		otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	2			
냚		otal number of volunteers (estimate if necessary)		6	0			
ď		otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0			
	b	let unrelated business taxable income from Form 990-T, line 34		. 7b	0			
ē	1		Prior Y	ear	Current Year			
	1	Contributions and grants (Part VIII, line 1h)		1,170,806	708,565			
ē	1	Program service revenue (Part VIII, line 2g)		4,262	4,396			
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		807,277	18,720			
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	361,026	439,665				
	12 7	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,343,371 1,17				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,723,432	1,871,636			
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0	0			
Ś	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		205,092	212,229			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		10,000	0			
ě	. ь т	otal fundraising expenses (Part IX, column (D), line 25) ▶	-1"(0.5 N/V. N		C SALATA STATE			
ũ	17 (Other expenses (Part IX, column (A), lines 11a=11d-11f-24e)		272,788	293,843			
		otal expenses. Add lines 13-17 (must equal PartilX, column (A), line 25)		2,211,312	2,377,708			
	1	Revenue less expenses. Subtract line 18 from line 12		132,059	(1,206,362)			
- 6			Beginning of C		End of Year			
ets (20 7	otal assets (Part X, line 16) . S NOV 2 2 2016	4	9,105,858	46,969,380			
ASS	21	otal liabilities (Part X, line 26)	-	824,254				
Net Assets or	22 1	Net assets or fund balances. Subtract line 20 from line 20	1	8,281,604	769,412 46,199,968			
	art II	Signature Block		0,201,004	40, 133,300			
		es of perjury, I declare that I have examined this return, including accompanying schedules and star	tomonto, and to	the best of a	av knowledge, and holief it is			
tru	ue, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepared	rer has any know	lledge	ly knowledge and belief, it is			
_	T		- Т		08/1/			
Si	an l	Signature of officer		ate	00/16			
Sign Here		' '/' '		410				
		Type or print name and title	CE()					
			Date		- PTIN			
	aid		Date	Check [# }			
P	reparer			self-emp	noyed			
U	se Only	Firm's name	Fire	m's EIN ▶				
		Firm's address >	Ph	one no				
_		S discuss this return with the preparer shown above? (see instructions)	<u> </u>	· · · ·	☐ Yes 🗸 No			
Fo	r Paperwo	ork Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2015)			

Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Create, maintain and administer an endowment fund for the benefit of New Mexico Military Institute (NMMI) to be used
	for research, scientific and literary purposes; for increasing the building, equipment and other facilities of NMMI; to
	provide for scholarships; and to promote generally the growth, welfare, and maintenance of NMMI
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 871,717 including grants of \$ 871,717) (Revenue \$ 0)
	The NMMI Foundation maintains over 90 endowed scholarship funds and over 25 annual donor scholarship funds for
	the benefit of NMMI cadets. Earnings from the endowments and annual donations are paid directly to NMMI to provide
	scholarships to NMMI cadets at the high school and junior college level. The scholarships have varying criteria specified
	by the donor; for example scholarships may include merit-based and/or need-based requirements. NMMI has established a
	Scholarship Committee that facilitates the fair and impartial granting of all scholarships in accordance with NMMI
	policies and procedures and donor stipulations.
	NMMI estimates that nearly 98% of cadets in the junior college program receive some form of financial assistance, which includes scholarship funding. Nearly 72% of the high school cadets receive some scholarship assistance.
	NMMI's maximum capacity is about 1,000 cadets. 475 cadets received scholarships from Foundation provided funds in
	the 2015-2016 school year. It is estimated that 450 cadets will receive scholarships during the 2016-2017 school year.
4b	(Code:) (Expenses \$ 386,380 including grants of \$ 386,380) (Revenue \$ 0)
	The NMMI Foundation maintains approximately 20 endowments whereby earnings are used to fund NMMI Leadership
	Reaction Course programs, Low/High Ropes Course facilities and general Leadership projects and activities. The
	Daniels Leadership Center (DLC) serves over 900 cadets each year through use of state of the art technologies
	and classrooms. Programs and services are provided to internal and external constituencies and include the
	Low/High Ropes Course and the Leadership Reaction Course which provide leadership challenges and growth to both cadets and professionals. These facilities help build self confidence, trust and teamwork in challenges that teach,
	test and reinforce sound leadership practices. These facilities are used to train over 900 cadets annually with over
	600 cadets using the facilities multiple times throughout the school year. Over 100 participants from the community
	and over 500 youth throughout the state use the facilities annually.
	•••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ 189,656 including grants of \$ 189,656) (Revenue \$ 0)
	The NMMI Foundation maintains more than ten endowments whereby earnings are used, along with other designated annual donor
	contributions, to provide support for certain NMMI academic programs. Expenditures from these programs include support for faculty and cadets. Support for many faculty members included funds for conference attendance, training programs, academic
	academy, professional development and related travel and lodging.
	academy, processional development and related traver and loading.
	Cadet programs supported include Close-Up (cadets attend workshops and seminars at the Capitol in Washington, D.C. to
	learn about government), field trips, band and choir travel, academic achievement programs and lyceum programs. Over 100 cadets
	participate in these programs.
	Other uses of funds include faculty enhancement support for employees of the learning resource center, purchase of library books
	and purchase of academic software and equipment.
	Other pregram continue (Decembe in Schoolule C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 589,349 including grants of \$ 589,349) (Revenue \$ 0)
	(Expenses \$ 589,349 including grants of \$ 589,349) (Revenue \$ 0) Total program service expenses ► 2,037,102
. –	Total program 3619106 6Aperi363 F

Part I	V 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	√	
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		√
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	√	
9	Did the organization report an amount in Part X, line 21, 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		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	india m mess
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		✓
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	1	
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	1

Checklist of Required Schedules (continued)

			Yes	No
20 a	•	20a]	<u>√</u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		LA_
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX column (A) line 22 if "Yes," complete Schedule I, Parts I and III.	21	√	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	√	
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	N	/A.
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		/A
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
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 "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		10
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	 ~	/A.
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? <i>If "Yes," complete Schedule R</i> ,	30		
	Part VI	37		1
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	1	
		For	m 99 0) (2015)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		· ·	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	\mathcal{M}	/A
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	/	
b	If "Yes," enter the name of the foreign country: Cayman Islands, Ireland, China, Japan, Singapore-East Asia	ا ج	-	-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с	11	11
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
	gifts were not tax deductible?	6b	N	VA_
7	Organizations that may receive deductible contributions under section 170(c).		3 A	
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	<u> </u>	✓
b b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	N	/A_
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	1/4
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N	IA
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8	_ √	VA_
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	- 7	14
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	$\frac{\lambda}{\lambda}$	IA
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		-	
12a	against amounts due or received from them.)	12a		1/4
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b \sim /A	12a	\	$\mu\pi$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L_W	/A_
.	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		-	
_	Too Nin	1	 	+
c 14a	Enter the amount of reserves on hand	14a	+-	1
b b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		/_
		1	<u> </u>	<u>V.71</u> (2015)
				, /

Form **990** (2015)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Schedule O. Se	e inst	tructio	ons.				
Section	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	<u>· · · · · · · · · · · · · · · · · · · </u>	• •	<u>· · ·</u>	<u> </u>				
	on, a determing body one monagement			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				,				
h	b Enter the number of voting members included in line 1a, above, who are independent . 1b 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		-		{				
	any other officer, director, trustee, or key employee?	1-	2		√ _				
3	Did the organization delegate control over management duties customarily performed by or und								
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		5		-				
5 6	Did the organization become aware during the year of a significant diversion of the organization's Did the organization have members or stockholders?	_	6	1	<u> </u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elec			<u> </u>					
	one or more members of the governing body?		7a	✓					
b	Are any governance decisions of the organization reserved to (or subject to approval by								
•	stockholders, or persons other than the governing body?	⊢ -	7b	✓					
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	taken during	,		, ,				
а	The governing body?]	8a	7	الــــ				
b	Each committee with authority to act on behalf of the governing body?		8b	1					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9	\checkmark					
Secti	on B. Policies (This Section B requests information about policies not required by the Ir	iternal Revenu	ie Co	yes	No				
102	Did the organization have local chapters, branches, or affiliates?	٦	10a	103	1				
b	If "Yes," did the organization have written policies and procedures governing the activities of su	-			<u> </u>				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	-	10b	N	A_				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form?	11a	✓					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				لـتـ				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	F-	12a 12b	√	 				
C	Did the organization regularly and consistently monitor and enforce compliance with the poli	F	120						
Ŭ	describe in Schedule O how this was done		12c	✓					
13	Did the organization have a written whistleblower policy?	[13	\					
14	Did the organization have a written document retention and destruction policy?		14	✓					
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation an								
а	The organization's CEO, Executive Director, or top management official	ı	15a	√					
b	Other officers or key employees of the organization	, , , , , , , , , , , , , , , , , , ,	15b	V					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ľ		1	1				
16a									
_	with a taxable entity during the year?	- 1	16a		✓				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to s								
	organization's exempt status with respect to such arrangements?	-	16b	N	/A				
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ New Mexico								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	ı 501((c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Sched	tule (1)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	•	erest	policy	y, and				
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's	s books and red	cords	: ▶					
	Jimmy Barnes, President & CEO; 101 W. College Blvd.; Roswell, NM 88201; 575-624-8035								

•			
990 (2015)			
330 (2013)			

•	
Part 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

Page 7

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

€orm

- 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 polither the organization per any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor	any related	d orga	aniza	atio	n co	mper	nsa	ted any curren	t officer, director	, or trustee.	
				(0	2)						
(A)	(B)	(B) Position					(D)	(E)	(F)		
Name and Title	Average					than o		Reportable	Reportable	Estimated	
	hours per	,				or/trust		compensation	compensation from	amount of	
	week (list any hours for	익코	5	Q	줐	3.7	75	from the	related organizations	other compensation	
	related	divid	誓	Officer	у е	ghe	Former	organization	(W-2/1099-MISC)	from the	
	organizations		Institutional	7	Key employee	st co	4	(W-2/1099-MISC)		organization	
	below dotted line)	ੋ ਵ	ם		oye	ğ				and related organizations	
		stee	trustee		"	ens				• · g • · · · · · · · · · · · · · · · ·	
		"	8			Highest compensated employee					
							\vdash				_
(1) James A. Solomon Chairman of the Board	5										
166 Sonterra Dr.; Alto, NM 88312		✓		✓			l	0	0		0
(2) Jesus Salazar Vice-Chairman	2]									
2521 Elfego Rd. NW; Albuquerque, NM 87107		✓		✓	L.			0	0		0
(3) Dick Waggoner Secretary	3				1						
P.O. Box 1027; Roswell, NM 88201		✓		✓	<u> </u>	<u> </u>		0	0		0
(4) Harris Kerr Treasurer	2										
1701 N. "L" Street; Midland, TX 79705-3027		✓		✓				0	0		0
(5) Steve Elliott Immediate Past Chairman	2	<u> </u>									
P.O. Box 1328; Santa Fe NM, 87504		✓		✓	<u>l</u>			0	0		0
(6) Jimmy Barnes, President & CEO	40]									
101 W. College Blvd.; Roswell, NM 88201		✓		✓		✓		96,899	o		0
(7) Kevin O. Butler Member	11		i	İ							
P.O. Box 1171 Midland, TX 79702-1171		✓			$oxed{oxed}$	<u> </u>		0	0		0
(8) Jesse Eckel Member, NMMI Regent	1										
P.O. Box 1178; Roswell, NM 88202		✓				ļ	L	o	0		0
(9) F. Rick Galles Member	11										
P.O. Box 25928; Albuquerque, NM 87109		✓			<u> </u>	<u> </u>	<u> </u>	o	0		_0
(10) MG Jerry Grizzle NMMI President & Ex-Officio	1 1	.]		İ							
Non-Voting 101 W. College; Roswell, NM 88201	_	/	_	<u> </u>			<u> </u>	<u> </u>	0		_0
(11) Phillip Ingram Member, NMMI Regent; 7410	1 1	.]									
Montgomery NE; Suite 203; Albuquerque, NM 87109		1			_		丄	c	0		_0
(12) Earl A. "Tres" Latimer Member	1	_					1				
1908 W. 27th Street; Roswell, NM 88201	<u> </u>	✓			1_	<u> </u>	L.		0		_0
(13) David R. Vandiver Member	1	_					1				
706 W. Quay; Artesia, NM 88210		✓			\perp				0		_0
(14) Joe M. Vicente Member; NMMI Regent Appt.	1	_									
P.O. Box 457; Vaughn, NM 88353-0457		1							0		_0
										Form 990 (20	15)

c Total from continuation sheets to Part VII, Section A ▶ 0 0 0 0	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
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Name and title		(A)	(B)	(do n	ot ch			than c	ne	(D)	(E)		(1	F)	
Note Note		Name and title		box,	unles	s pe	rson	ıs both	an						
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c Total from continuation sheets to Part VII, Section A	(25)		 	-{	1	1		ļ	1	1					
c Total from continuation sheets to Part VII, Section A	1b	Sub-total	.L	<u> </u>	<u> </u>	!	<u> </u>	<u> </u>	_	06 800		_			
Total (add lines 1b and 1c)				· ·	•	•	•								
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0 Yes No					•		:		•			0			
reportable compensation from the organization ▶ 0 3 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 4 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 5 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 5 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) (B) (C) Compensation Compensation Compensation Description of services Compensation								abov	e) v			0.000	of		
3 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									- ,			,,,,,,,,	•		
employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 5 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 Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who														Yes	No
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	3								em	ployee, or higl	nest compens	sated	20 000000		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual									•			•	3		✓
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	4														
5 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			greater th	nan \$	150	,00	0? /	f "Ye	es,"	complete Sci	hedule J for	such			-
for services rendered to the organization? If "Yes," complete Schedule J for such person	_										· · · · · ·	اطبیعا			-
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) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	5										zation or indiv	riouai			
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) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	Saction		- 703,	comp	7010		7700		101	Such person		•	<u> </u>		•
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 Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			compensa	ted in	der	enc	ient	cont	ract	tors that receiv	ed more than	\$100	000 of		
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Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		· · · · · · · · · · · · · · · · · · ·	,							,		3			
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			dress						1	Description of	services			ation	
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		Table and the last terms of th					U. ·		1	la a a d'a d'					
	2								o t	nose listed at	ove) wno				1

Part	VIII	Statement of Reve	nue					rage 3
		Check if Schedule O	contains a resp	onse or note to	any line in this I	Part VIII		<u></u> 🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
Gifts,	С	Fundraising events .						
ilar Ilar	d	Related organizations	├					
Sin.	e f	Government grants (con All other contributions, gi						
Contributions, and Other Sim	•	and similar amounts not incl		700 505				
를 들	g	Noncash contributions includ	_ <u></u> _1	708,565				1
and Son	9 h	Total. Add lines 1a-1	· ·	5,982	708,565			,
		rotali / tad ii/ics /a / i		Business Code	708,303			,
Program Service Revenue	2a	Columbarium revenue		900099	4,396	4,396	namen or demonstration of	
æ	b	•••••			.,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
vice	С							
Ser	d	***************************************						
E,	е							
rog .	f	All other program sen						
_	g 3	Total. Add lines 2a-2 Investment income	t	>	4,396			
	3	and other similar amo		ends, interest,	540.050			
	4	Income from investment	•	į.	548,353			548,353
	5	Davidia	· · · · ·	nia proceeds ►	25		**	25
		,	(ı) Real	(ii) Personal			·	23
	6a	Gross rents	376,902					Î
	b	Less: rental expenses						
	С	Rental income or (loss)	376,902			Prince respect to see the	· • • • • • • • • • • • • • • • • • • •	a from models or a change or change it was as secured.
	_d	Net rental income or (}/		376,902			376,902
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	ь	Less' cost or other basis	4,372,424	480,810				!
		and sales expenses .	4,897,073	485,819				i
	c	Gain or (loss)	(524,649)	(5,009)				
	d	Net gain or (loss) .		▶	(529,658)		* ** *********************************	(529,658)
4		. ,						, , , , , , , , , , , , , , , , , , , ,
Other Revenue	8a		undraising					į
eve		events (not including \$						
Ř		of contributions reported See Part IV, line 18 .	•					!
E E	_		_					
Ò	1	Less: direct expenses Net income or (loss) f		events . ►				
		Gross income from ga		events .				
		See Part IV, line 19 .						i
	b	Less: direct expenses	s b	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,
	С	Net income or (loss) f		vities ▶				
	10a	Gross sales of in						, ,
		returns and allowance	u					
		Less: cost of goods s Net income or (loss) f						ļ
	c	Miscellaneous F		entory ► Business Code				
	11a	Increase Cash Value o		900099	60.740	60.740		
	b	Miscellaneous	i Eng III3UI	900099	62,743	62,743		
	c				20	20	-	
	d	All other revenue .						
	е	Total. Add lines 11a-		>	62,763			
	12	Total revenue. See i	nstructions	<u></u> . >	1,171,346	67,159		395,622
								Form 990 (2015)

	Statement of Functional Expenses	andata all and impers	II athan area protion		hima (A)				
Section	n 501(c)(3) and 501(c)(4) organizations must com								
Check if Schedule O contains a response or note to any line in this Part IX									
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
•	and domestic governments. See Part IV, line 21	1,813,492	1,813,492						
2	Grants and other assistance to domestic individuals. See Part IV, line 22			•	c				
3	Grants and other assistance to foreign	58,144	58,144	*	*				
J	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				, , ,				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	104,359		104,359					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10 1,000		104,000					
7	Other salaries and wages	50,631		50,631					
8	Pension plan accruals and contributions (include								
_	section 401(k) and 403(b) employer contributions)	21,281		21,281					
9	Other employee benefits	25,137		25,137	 				
10	Payroll taxes	10,821		10,821					
11 a	Fees for services (non-employees): Management								
b	Legal	188		188	~ ~				
c	Accounting	8,894		8,894	,				
d	Lobbying	7,130	7,130	5,00.	· · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees	122,539	91,904	30,635					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,154	2,007		5,147				
12	Advertising and promotion								
13	Office expenses	10,151		10,151					
14 15	Information technology	3,394		3,394					
16	Occupancy	540		540					
17	Travel	224		224					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	4,127		4,127					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	99		99					
23	Insurance	17,774		17,774	<u> </u>				
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.)								
а	Donor Life Insurance Program	53,145	53,145						
b	Property Taxes and Maintenance	44,981		44,981					
C	Staff and Faculty Support	11,280			<u> </u>				
d	Columbarium Expenses	2,223		2,223	<u> </u>				
e os	All other expenses Total functional expenses. Add lines 1 through 24e								
25 26	Joint costs. Complete this line only if the	2,377,708	2,037,102	335,459	5,147				
20	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)								

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa		•	· · · · · · □
			(A) Beginning of year		(B) End of year
- 1	1	Cash—non-interest-bearing	219,659	1	103,375
	2	Savings and temporary cash investments	592,707	2	2,061,438
	3	Pledges and grants receivable, net	419,543	3	391,611
İ	4	Accounts receivable, net	24,696	4	24,287
į	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.	g g g g g g g g g g g g g g g g g g g	* ,	
		Complete Part II of Schedule L		5	
	6	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 instructions). Complete Part II of Schedule L	;	6	
ets	_			7	
Assets	7	Notes and loans receivable, net	-,-	8	
~	8	Inventories for sale or use	12.522	9	E 656
İ	9 10a	Land, buildings, and equipment: cost or	12,533		5,556
	IVa	other basis. Complete Part VI of Schedule D 10a 5,896,379	_		
	b	Less: accumulated depreciation 10b 19,527	6,357,760	10c	5,876,852
	11	Investments – publicly traded securities	15,123,337	11	12,958,531
	12	Investments—other securities. See Part IV, line 11	24,926,427	12	24,112,302
	13	Investments—program-related. See Part IV, line 11	21,020,121	13	<u> </u>
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,429,196		1,435,428
	16	Total assets. Add lines 1 through 15 (must equal line 34)	49,105,858	16	46,969,380
	17	Accounts payable and accrued expenses	418,211	17	407,273
	18	Grants payable		18	
	19	Deferred revenue	406,043	19	362,139
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			,
Ě		trustees, key employees, highest compensated employees, and	An one characteristic series discount to make		
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
≔	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	700.440
	26	Total liabilities. Add lines 17 through 25	824,254	26	769,412
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	17,508,007		16,996,281
Ba	28	Temporarily restricted net assets	11,253,067	1	9,427,327
or Fund Balances	29	Permanently restricted net assets	19,520,530	29	19,776,360
ts C	30	Capital stock or trust principal, or current funds		30	The same of the sa
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Vet	33	Total net assets or fund balances	48,281,604		46,199,968
_	34	Total liabilities and net assets/fund balances	49,105,858	34	
					Form 990 (2015)

Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)			1,17	1,346
2	Total expenses (must equal Part IX, column (A), line 25)			2,37	7,708
3	Revenue less expenses. Subtract line 2 from line 1	<u></u>		(1,20	5,362)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			48,28	1,604
5	Net unrealized gains (losses) on investments			(875	5,274)
6	Donated services and use of facilities				
7	Investment expenses	<u> </u>			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	<u> </u>		46,19	9,968
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u>.</u>	• •	ᆜ.
		<u></u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	<u> </u>		,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	in			ĺ
0-		-			ال جدا
2a	• • • • • • • • • • • • • • • • • • • •		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:	Or			
	Separate basis Consolidated basis Both consolidated and separate basis			. •	1
b	•		ъ		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited or		-10	✓	
	separate basis, consolidated basis, or both:	a	.	. **	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	İ			
С		nht .		******	
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant	ا م	2c	./	l
	If the organization changed either its oversight process or selection process during the tax year, explain			_	
	Schedule O.				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ın -			<u></u>
	the Single Audit Act and OMB Circular A-133?		3a		1
b			\exists		<u>.</u>
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	A
			Form	996	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

2015

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		-			Employer identification	number
	MMI Foundation, Inc. 85-6010718 Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
Par							ns.
	organization is not a private founda		•		•		
	A church, convention of church	-					
	☐ A school described in section☐ A hospital or a cooperative hospital		•			, ,	
4	A medical research organization						iii) Enter the
7	hospital's name, city, and state		rijanotion with a nosp	ntai acsoi	ibca iii a		my. Linter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned o	operate	d by a government	al unit described in
6	☐ A federal, state, or local govern	nment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its supp	port from	a gover	nmental unit or from	the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☐ An organization that normally						
	receipts from activities related						
	support from gross investme						x) from businesses
40	acquired by the organization a						
10	An organization organized and	•	•	•			
11	An organization organized and one or more publicly supported						
	the box in lines 11a through 11	d that describes	the type of supporting	organizat	ion and o	complete lines 11e. 1	1f. and 11g.
а							_
	the supported organization(s organization. You must com) the power to re	egularly appoint or ele				
b		=		nection w	ith its sui	oported organization	n(s), by having
	control or management of th						
	organization(s). You must co	omplete Part IV,	, Sections A and C.			_	
С	Type III functionally integral its supported organization(s)						y integrated with,
d							
	that is not functionally integr						an attentiveness
	requirement (see instructions	•					
е							I, Type III
e	functionally integrated, or Ty			orung or	ganizatio	n.	
f	Enter the number of supported of Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(, rame of papperson organization	(1) 2	(described on lines 1-9	listed in you	ır governing	support (see	other support (see
			above (see instructions))	docui	ment?	instructions)	instructions)
				Yes	No		
(A)							
~ "							
(B)							
(C)							-
(D)							
(E)				-			
(E)							
					}		

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.)

Section	on A. Public Support		. –				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	483,818	731,630	2,058,301	1,170,806	708,565	5,153,120
2	Tax revenues levied for the organization'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	4.000	4.000				
4	Total. Add lines 1 through 3	4,000 487,818	735,630	4,000	4,000	4,000	20,000
	-	407,010	733,030	2,062,301	1,174,806	712,565	5,173,120
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				· · · · · · · · · · · · · · · · · · ·		1,629,972
	on B. Total Support	l	<u></u>				3,543,148
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	487,818	735,630	2,062,301	1,174,806	712,565	5,173,120
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	750,652	766,197	730,690			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	730,032	700,197	730,690	833,924	925,280	4,006,743
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,491	1,500	400	4,522	20	7,933
11	Total support. Add lines 7 through 10				•		9,187,796
12	Gross receipts from related activities, etc					12	330.590
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth			n 501(c)(3)
Secti	on C. Computation of Public Suppor	<u>_</u>					
14	Public support percentage for 2015 (line 6					14	38.56 %
15	Public support percentage from 2014 Sch					15	38.88 %
16a	331/3% support test—2015. If the organi						_
	box and stop here. The organization qua						. ▶ ☑
b	33 ¹ / ₃ % support test—2014. If the organ check this box and stop here. The organ	ization qualifie:	s as a publicly	supported org	anization .		. ▶ □
17a	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2015 is 10% or more, and if the organization	tion meets the	"facts-and-ci	rcumstances"	test, check th	nis box and st	op here.
18	Explain in Part VI how the organization in supported organization					·	். ▶ □
	instructions						. ▶ □

Part	Support Schedule for Organiza						
	(Complete only if you checked th						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	<u>11.)</u>	N/A
	on A. Public Support		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
_	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 performed, or facilities		Ì				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						· · · · · · · · · · · · · · · · · · ·
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities			1	-		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		1	i			
7a	Amounts included on lines 1, 2, and 3				†		
	received from disqualified persons						
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		1				
С	Add lines 7a and 7b		† 			-	
8	Public support. (Subtract line 7c from	7 - 2	,	-		 	
	line 6.)	ings of Services	,	1 · 5 · 6 · .			
Secti	on B. Total Support		- L	L-x		<u> 1</u>	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(,	(-/	(-)	(4) = 0	(-,	(1) (010.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less			 	1		
_	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		 		-		-
12	loss from the sale of capital assets						
	(Explain in Part VI.)				į		
13	Total support. (Add lines 9, 10c, 11,				 		
.0	and 12.)						
14	First five years. If the Form 990 is for the	le organizatio	n's first secon	d third fourth	h or fifth tay w	lear as a section	n 501(c)(3)
• •	organization, check this box and stop he				-		
Secti	ion C. Computation of Public Support			<u> </u>			🕨 📋
15	Public support percentage for 2015 (line			13 column (fl)		. 15	%
16	Public support percentage from 2014 Sci						/ %
	ion D. Computation of Investment In			· · · · ·			
17	Investment income percentage for 2015 (ov line 13 colu	ımn (fl)	. 17	%
18	Investment income percentage from 2014						
19a	331/3% support tests—2015. If the organ		•				
130	17 is not more than 331/3%, check this box						
b	331/3% support tests—2014. If the organization						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						
20	in and organization d		. 20/ 0// 11/0 17	.,, 100,		· and ood mone	

Part IV	_		Organiza	
	SUDE	NAMINA	()raanize	atione
	Oup.	<i>'</i> UI [[]]	OI Galliza	3110113

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		-/ / ·	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		-
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	* ,	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.			
h		10a	├	-
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		1-

Schedul	e A (Form 990 or 990-EZ) 2015		F	Page 5
Part l			<u> </u>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
b	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b	_	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	, , , , , , , , , , , , , , , , , , ,	3" "	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		Manual St. Links	
Secti	on D. All Type III Supporting Organizations	1		<u> </u>
0001	on of Air Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	,	
Secti	on E. Type III Functionally-Integrated Supporting Organizations		L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetru	ction	e).
	The organization satisfied the Activities Test. Complete line 2 below.	nsuu	Clion	3).
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	struct	ions).
0	Activities Test. Answer (a) and (b) below.			No
2	• • • • • • • • • • • • • • • • • • • •		res	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		 	
b 	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3a 3b		
	Schedule A (Form	990 or	990-E	Z) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations	N/A Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru:	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		-
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year

1

2

3

4

5

6

1 Adjusted net income for prior year (from Section A, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

2 Enter 85% of line 1

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

emergency temporary reduction (see instructions)

Schedul	e A (Form 990 or 990-EZ) 2015			, Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	N/A
Secti	on D - Distributions	 		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
C				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			

Excess distributions carryover to 2016. Add lines 3j

and 4c.

8 E

Breakdown of line 7:

c Excess from 2013 . . **d** Excess from 2014 . . **e** Excess from 2015 . .

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II; Line	10; Other Income
2011 - \$1,49	1 Total (\$750 administrative support; \$723 copier rebate; \$18 copy revenue)
2012 - \$1,50	00 administrative support
2013 - \$400	miscellaneous
2014 - \$4,52	2 miscellaneous
2015 - \$20 r	niscellaneous
	
	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ection 501(c)(4), (5), or (6) orgai	nızatıons: Complete Part III			
Name (of organization			Employer ide	ntification number
	Foundation, Inc.	·			85-6010718
Part		e organization is exempt unde			organization. 🕢 ///
1		he organization's direct and indire			,
2	•				\$
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	e)(3).	NA
1		excise tax incurred by the organiza		14000	\$
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file For			UYes UNo
4a				· · · · · · · · ·	LYes LNo
b	If "Yes," describe in Part			.\	1(0)(0)
Paru 1		e organization is exempt underly expended by the filing organize			1(c)(3). 1)/ //
•		· · · · · · · · · · · · · · · ·			\$
2		filing organization's funds contrib			Ψ
_		vities			\$
3		expenditures. Add lines 1 and 2.			
					\$
4	Did the filing organization	n file Form 1120-POL for this year	?	. 	Yes No
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all se	ection 527 political orgai	nizations to which the filing
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committee	ee (PAC). If additio	nai space is needed, pro	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
(1)					
	· ·				
(2)					
(3)					
(4)					
(5)					
(6)					
(-)		1	1		

Schedule	\sim	/Earm	000	~ 00	10 EZ	0045

Page 2

Paı	rt II-A Complete if the organization section 501(h)).	is exempt u	nder section 50	01(c)(3) and filed	Form 5768 (ele	ction under
	Check ► ☐ If the filing organization belo name, address, EIN, expens Check ► ☐ if the filing organization chec	es, and sha	e of excess lobb	oying expenditur	es).	up member's N/A
<u>. </u>	Limits on Lobbyi (The term "expenditures" mea	ng Expendit	ures		(a) Filing organization's totals	(b) Affiliated group totals
1	 Total lobbying expenditures to influence p Total lobbying expenditures to influence a Total lobbying expenditures (add lines 1a) 	ublic opinion legislative bo and 1b) ines 1c and 1	(grass roots lobby ody (direct lobbying	ing)		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t ie:		
	Not over \$500,000		nount on line 1e	113.		
	Over \$500,000 but not over \$1,000,000		15% of the excess	over \$500,000	-	
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o		, ,	
	Over \$17,000,000	\$1,000,000	1 3 70 Of the excess o	veι ψ1,500,000		
	g Grassroots nontaxable amount (enter 25%			<u> </u>		
	h Subtract line 1g from line 1a. If zero or les					
	i Subtract line 1f from line 1c. If zero or less	•			1	
	j If there is an amount other than zero or reporting section 4911 tax for this year?	n either line	1h or line 1i, did	-		Yes No
	(Some organizations that made a sect See the s	ion 501(h) el separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five columi	ns below.
	Lobbying I	Expenditures	During 4-Year A	veraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					-
	f Grassroots lobbying expenditures					***************************************

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	ı 5768		
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(3	3)		(b)	
descri	ption of the lobbying activity.	Yes	No	Aı	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	Mile dominant	1	'	-	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		1			
C	Media advertisements?		✓	<u> </u>		
d	Mailings to members, legislators, or the public?		✓	<u> </u>		
e	Publications, or published or broadcast statements?		1	 		
f .	Grants to other organizations for lobbying purposes?	✓	 _	-		7,130
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	-	✓			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	ļ	1			
;	Other activities?		 	-		7 120
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			ļ		7,130
b	If "Yes," enter the amount of any tax incurred under section 4912		 			N/A
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			-		N/A
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	N/	7			
Part)(5),	or se	ction	. / /	า
	501(c)(6).				<i>N∫T</i> Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	163	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	+	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	+	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount		1	- A,		
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b	<u> </u>		
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	 		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying				
_	and political expenditure next year?		4	<u> </u>		
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5	<u> </u>		
2 (see	Supplemental Information the the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grainstructions); and Part II-B, line 1. Also, complete this part for any additional information. B; Line 1f - Grants to Other Organizations for Lobbying Purposes	·				
The Fo	oundation provided funds to the 2016 G.O. Bonds for Higher Ed organization for the 2016 G.O. Bond cam	paign.				
		·				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of	the organization		Employer identification number
	oundation, Inc.		85-6010718
Par			
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
_	funds are the organization's property, subject to the	_	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
Dod	conferring impermissible private benefit? Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · \ Yes \ No
Par		"Voo" on Form 000 Part IV line 7	
	Complete if the organization answered		· NIA
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea		of a biotomostic management tond area
	Protection of natural habitat	• ===	of a distorically important land area of a certified historic structure
	Preservation of open space	☐ Preservation 6	or a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribute	on in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
			l I
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	Described an line	0/4) ab	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2 2(a) above satisfy the requirements of	or section 170(n)(4)(B)(I)
_			
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the sheet, and include if applicable, the text of the sheet is a sheet and the sheet is a sheet and the sheet is a sheet and the shee		
	organization's accounting for conservation easem	-	nancial statements that describes the
Par	III Organizations Maintaining Collection		r Other Similar Assets
1 (11	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other simila		
	public service, provide the following amounts related		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$0
	(ii) Assets included in Form 990, Part X		▶ \$ 50,000
2	If the organization received or held works of art	t, historical treasures, or other sımıla	ar assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		► \$ <u> </u>
b	Assets included in Form 990, Part X	<u> </u>	<u> ▶ \$o</u>

Part	Organizations Maintaining	Collections of A	Art, Histori	cal Trea	asures, or C	ther Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ner records,	check a	ny of the follo	owing that are a si	gnificant use of its
а	✓ Public exhibition		d□	Loan or e	exchange pro	grams	
b	☐ Scholarly research						
С	☐ Preservation for future generations	5	_				
4	Provide a description of the organizat XIII.		ınd explain l	now they	further the or	rganization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive or than to be mainta	donations of ined as part	f art, hist of the or	orıcal treasur ganization's d	es, or other simila collection?	r □ Yes ☑ No
Part	IV Escrow and Custodial Arra	angements.					
	Complete if the organization 990, Part X, line 21.					•	N/A
1a	Is the organization an agent, trustee included on Form 990, Part X?						t
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the follow	ing table	»: 	Ar	nount
С	Beginning balance				🗔	С	
d	Additions during the year				🛅	d	
е	Distributions during the year					le	
f	Ending balance				🗔	1f	
2a	Did the organization include an amou					al account liability	? Yes No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the expla	nation ha	as been provi	ded on Part XIII.	\square
Par					•		
	Complete if the organization	answered "Yes"	on Form 9	90, Parl	t IV, line 10.		
	10.00	(a) Current year	(b) Prior ye	ar (c)) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	30,773,597	30,12	0,663	26,151,12	7 23,339,340	24,415,077
b	Contributions	698,565		0,806	1,056,80		
С	Net investment earnings, gains, and					,	
	losses	(728,327)	88	4,056	4,258,46	8 3,358,821	(226,430)
d	Grants or scholarships	(871,717)		1,433)	(681,989		1
е	Other expenditures for facilities and		,				
	programs	(668,430)	(70	0,495)	(663,744	(685,359)	(764,409)
f	Administrative expenses			7		, , , , , , , , ,	
g	End of year balance	29,203,688	30.77	3,597	30,120,66	3 26,151,127	23,339,340
2	Provide the estimated percentage of						
а	Board designated or quasi-endowme	-	0%	Ο,	(//		
b	Permanent endowment ▶		'				
С	Temporarily restricted endowment ▶						
	The percentages on lines 2a, 2b, and		00%.				
3a	Are there endowment funds not in the			on that a	re held and a	administered for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i) ✓
	(ii) related organizations						3a(ii) ✓
b	If "Yes" on line 3a(II), are the related of						3b 1/A
4_	Describe in Part XIII the intended use		on's endown	nent fund	s.		<u> </u>
Par	Land, Buildings, and Equipole Complete if the organization		" on Form 9	990, Par	t IV, line 11a	ı. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot (investm	, , ,	Cost or ot)) Accumulated depreciation	(d) Book value
1a	Land		5,683,687		3.0		5,683,687
b	Buildings		193,165				193,165
С	Leasehold improvements						
d	Equipment				19,527	19,527	0
е	Other						
Total	Add lines 1a through 1e. (Column (d)	must equal Form 9	90 Part X c	olumn (B) line 10c.)		5.876.852

Part VII					Page 3
Part VII	Investments – Other Securities.	rorod "Von" on Ec	urm 000 Bort IV Jun	o 11h Soo Form	000 Port V line 10
	Complete if the organization answ	vered tes on Fo			
	(a) Description of security or category (including name of security)		(b) Book value	, , ,	hod of valuation -of-year market value
(1) Financial	dorivativos				
• •	neld equity interests				
	chstone Absolute Return Strategies Fund		4.007.000	F-d of Fig. 1 Van-	Market Value
			·	End of Fiscal Year	
	ss Partners Offshore Fund Select Fund, Ltd		· 	End of Fiscal Year	
			·	End of Fiscal Year	
(D) RA	Core Bond Fund II, LLC			End of Fiscal Year	
	ick Stable Fund Ltd		- 	End of Fiscal Year	
	ort Asia Institutional Fund LP Springs Capital Fund			End of Fiscal Year	
	gton Research Equity		- 	End of Fiscal Year	
	gton Research Equity gton Archipelago, Micro Cap and Select I		- 	End of Fiscal Year	
	b) must equal Form 990, Part X, col (B) line 12) ▶	Energies Funas		End of Fiscal Year	Market Value
Part VIII			24,112,302	4	
rait viii	Complete if the organization answ		orm 000 Part IV Ju	o 11a Soo Form	000 Part V line 12
	(a) Description of investment	vered res offic			
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
44)			 		
(1)			 		
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 		
	(b) must equal Form 990, Part X, col (B) line 13.))	
Part IX	Other Assets.		000 B 1077	44.0	000 D IV II 45
	Complete if the organization answ		orm 990, Part IV, III	ne 11a. See Form	
) Description			(b) Book value
	book - "Excerpts From My Sketchbook - 1				50,000
	ial Interest in Perpetual Trust with Albugu	erque Community F	oundation		659,338
	urrender of Life Insurance Policies				726,090
_(4)					
_(5)					
(6)					
_(7)					
_(8)			·		
(9)					
	ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<u> ▶</u>	1,435,428
Part X	Other Liabilities.				
	Complete if the organization answ	wered "Yes" on Fo	orm 990, Part IV, lı	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1	(a) Description of liability	(b) Book value			
(1) Federal ı	ncome taxes				
(2)]		
(3)					
(4)					
(5)					
(6)					
(2) (3) (4) (5) (6) (7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		0		
		de the text of the foo		n's financial statem	ents that reports the
	or uncertain tax positions. In Part XIII, provi				

Part	·		-	Returr	1.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	180,833
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	(875,274)		
b	Donated services and use of facilities	2b	4,000	.	
C	Recoveries of prior year grants	2c		A	
d	Other (Describe in Part XIII.)	2d	3,300	اخست	
е	Add lines 2a through 2d			2e	(867,974)
3	Subtract line 2e from line 1	<i>.</i>		3	1,048,807
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		مُوسي	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	122,539	- i, -	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	122,539
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,171,346
Part				r Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,	Part I\	/, line 12a.		
1	Total expenses and losses per audited financial statements			1	2,262,469
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,000	٠. ا	
b	Prior year adjustments	2b			
С	Other losses	2c		. , '	
d	Other (Describe in Part XIII.)	2d	3,300	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
е	Add lines 2a through 2d			2e	7,300
3	Subtract line 2e from line 1			3	2,255,169
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, t.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	122,539	437	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	122,539
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.)		5	2,377,708
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	vide any additional in	format	ion.
PART	III; Line 4 - The NMMI Foundation received on December 22, 1999 a donation o	f a sket	tchbook entitled "Exce	rpts	
From I	My Sketchbook - 1944" by Peter Hurd. The sketchbook was appraised at \$50,0	00. In	accordance with the de	onor's	

wishe	s the sketchbook is displayed in the NMMI Toles Learning Center where it is p	roperly	maintained, preserved	and	
protec	ted from fire, theft, vandalism and other elements. Peter Hurd, a very promine	ent artis	st, was a Life Magazine	war	
•	***************************************				
corres	pondent when he did the sketchbook. Acquisition and display of this book fu	rthers t	the Foundation's exem	pt	
purpo	se of supporting the educational mission of NMMI.				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

arne o	in the organization				į	Timbioyer idei	itineation number
IMMI	Foundation, Inc.					85-0	6010718
Part			es Outside	the United States. Comp	olete if the organiz	ation answ	ered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for the	e grants or as	sistance, and the selection	criteria used to	award the	□Yes □No
2	For grantmakers. Describ assistance outside the Unit		the organizati	on's procedures for monit	oring the use of	its grants	and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	∍d.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program ser describe specific service(s) in the	vice, type of	(f) Total expenditures for and investments in the region
(1)	Central America/Caribbean	N/A	N/A	Investments	N/A		3,642,202
(2)	Europe	N/A	N/A	Investments	N/A		3,173,782
(3)	East Asia	N/A	N/A	Investments	N/A		1,229,975
(4)							
(5)							···-
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
За							8,045,959
b							
	sheets to Part I	t.	1	1	ł		

c Totals (add lines 3a and 3b)

8,045,959

section and EIN grant cash grant disbursement assistance of the profession of the pr
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

			7 7 7 11 7	7-1-1-1-1	to American	(a) December	(h) Mathod of
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	ig) Description of noncash assistance	(h) Marinos or valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)						•	
(14)							
(15)							
(16)				,			
(17)							
			,				

Schedule	F (Form	990) 2016	

Page 4

Part _	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	☑ No

SCHEDULE 1 (Form 990)

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

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

► Attach to Form 990.

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OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury	Info	Information about Sche	dule I (Form 990) an	d its instructions is	Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection
Internal Revenue Service Name of the organization						Employ	Employer identification number
							85-6010718
NMMI Foundation, Inc.	General Information on Grants and Assistance	Assistance					
1 Does the organization	maintain records to sub	stantiate the amou	int of the grants or	assistance, the g	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ants or assistance	Š
the selection criteria us	the selection criteria used to award the grants or assistance?	or assistance?					· · · · Yes
2 Describe in Part IV the	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	res for monitoring	the use of grant fur	nds in the United	States.	Wade doitorides	ored "Ves" on Form
Part II Grants and Ott 990, Part IV, line	ner Assistance to Dc e 21, for any recipient	omestic Organiz that received ma	ations and Dom ore than \$5,000.	lestic Governm Part II can be d	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete it tile organization allowered free or it is only only one 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ganization answare is needed.	
1 (a) Name and address of organization or government	ation (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (g) (book, FMV, appraisal, non-other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) New Mexico Military Institute	ite 85.6000408	MMN	871,717				NMMI Scholarship Funds
(2) New Mexico Military Institute							
Roswell, NM 88201	85-6000408	NMMI	386,380				Leadership Center Ops
(3) New Mexico Military Institute	rte 95-6000408	MMN	189.656				Academic Programs
(4) New Mexico Military Institute	-						
Roswell, NM 88201	85-6000408	NMMI	174,167				Development & Marketing
(5) New Mexico Military Institute							
Roswell, NM 88201	85-6000408	NMMI	84,785				Athletic Programs
(6) New Mexico Military Institute			1				Alumai Delatione One
Roswell, NM 88201	85-6000408	NMMI	45,000				Alumin Relations Ops
(7) New Mexico Military Institute	ate 85-6000408	WW.	32,350				Cadet Activities
(8) New Mexico Military Institute							;
Roswell, NM 88201	85-6000408	NMMI	23,306				Faculty/Staff Programs
(9) New Mexico Military Institute							7 min (a) (a) (a) (a) (a) (a) (a) (a
Roswell, NM 88201	85-6000408	NMMI	6,131				Chaptain Programs
(10)	1						
(11)							
(12)							
2 Enter total number of s	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment organiza	tions listed in the l	ine 1 table			.
3 Enter total number of o	Enter total number of other organizations listed in the line 1	d in the line 1 table					0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Votice, see the Instruction	ns for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2019

Schedule I (Form 990) (2015)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 22. Part III can be duplicated if additional space is needed. Part III

rail il call de duplicated il additional space is need	a space is liecueu.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Faculty Professorships and Chairs	ی	44.625			
2 Travel Funds for Hawaiian Cadets	29	6.550			
3 Cadet Awards and Sabers	16	696'9			
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information	the information re	equired in Part I, line	2, Part III, column	n required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.
Part I; Line 2 - Payments to NMMI, a New Mexico state educational institution, to provide scholarship funding, Leadership Center programs and other uses listed in Part II, Line 1	ucational institution	, to provide scholarshi	p funding, Leadership	Center programs and other u	ses listed in Part II, Line 1
are made on an expenditure driven bacic. The Foundation is hilled by NM	s hilled by NIMMI	for reimbursement of e	vnencec in Dart II that	M for reimburcement of evnences in Bart II that were previously naid or credited by NMMI in accordance	tod by NMMI is accordance

are made on an expenditure driven basis. The Foundation is billed by NMMI for reimbursement of expenses in Part II that were previously paid or credited by NMMI in accordance with its policies and procedures. The Foundation receives copies of invoices and other supporting documentation prior to reimbursing NMMI for the expenses. NMMI monitors compliance for the programs in Part II, Line 1.

donor criteria and NMMI policies as monitored by the NMMI Scholarship Committee. The NMMI Office of Financial Aid monitors the recipients eligibility throughout the year. The Foundation disburses scholarship funds directly to NMMI upon receiving a billing at the end of each semester. Scholarship funds are awarded in accordance with

Faculty Professorships and Chairs are awarded based on donor criteria and NMMI guidelines. Awards are made to selected recipients meeting the donor criteria and

NMMI policies. The Academic Dean monitors compliance with the established criteria.

Travel funds for Hawaiian cadets are provided from earnings on a specific donor endowment. The NMMI Office of Financial Aid determines qualifying cadets and monitors compliance.

Cadet Awards and Sabers are provided by donor gifts and earnings on specific donor endowments. The NMMI Academic Dean and Commandant of Cadets determine

qualifying cadets and monitor compliance.

SCHEDULE O (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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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