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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax 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 www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

A	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and 6	ending	JUN 30, 2017	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	_Address change	UNIVERSITY OF NEW MEXICO FOUNDATION, INC		1	
	Name change	Doing business as		85-027	5408
	initial _return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone number	•
L_	Final return/	700 LOMAS BLVD. NE	80	505-31	3-7600
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	61,629,652.
Ļ_	Amende return Applica	ALBOQUERQUE, Nm 67102		H(a) Is this a group re	
L	tion pending	F Name and address of principal officer HERRI NEMCIA		for subordinates	
		700 LOMAS BLVD NE, STE 108, ALBOQUERQUE, NM	T 1	H(b) Are all subordinates in	
		mpt status. 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	<u>r L 52</u>	' प "	list (see instructions)
		x: ▶ www.unmfund.org	N Voc	H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	II L Yea	r of formation: 1979 N	State of legal domicile; NM
F			PDIII.P		
çe	1 =	riefly describe the organization's mission or most significant activities. SEE SCH	-		
Activíties & Governance	2 6	check this box In the organization discontinued its operations or dispos	od of mo	re than 26% of its not as	note
ver		lumber of voting members of the governing body (Part VI, line 1a)	ea oi mo	3	27
ဗိ	1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	27
οδ (2		otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	85
/ftie	1	otal number of volunteers (estimate if necessary)		6	0
Ę		otal unrelated business revenue from Part VIII, column (C), line 12		7a	303,388.
⋖		let unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
٥	8 0	Contributions and grants (Part VIII, line 1h)		36,617,597.	36,544,435.
nua	9 P	rogram service revenue (Part VIII, line 2g)	[2,663,363.	7,769,859.
Revenue	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4 and 7 5 5 5 1/FD	71 L	3,606,034.	675,003.
	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 16c, and 11e)	ပ္ကု L	70,273.	51,469.
		otal revenue - add lines 8 through 11 (must equal Par VIII, column (A), line 12)	811	42,957,267.	45,040,766.
		irants and similar amounts paid (Part IX, column (AB)nes M3)Y 1 5 ZU18	RS-OSC -	28,292,544.	36,716,240.
		contained parts to or for morning of art in a determine to a major in	0.	0,	
ses		alaries, other compensation, employee benefits (Part IX, column at lunes 51 (P))	-	9,325,269.	9,176,213.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		168,849.	142,140.
Ě		otal fundraising expenses (Part IX, column (D), line 25) 8,858,5	···	3 710 622	3,886,093.
		othler expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,718,623. 41,505,285.	49,920,686.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) levenue less expenses Subtract line 18 from line 12	⊢	1,451,982.	-4,879,920
or Ses	19 F	evenue less expenses Subtract line 18 from line 12		Beginning of Current Year	End of Year
ets (20 ⊺	otal assets (Part X, line 16)	\-	206,456,030.	223,889,595.
Net Assets Fund Baland	ŀ	otal labilities (Part X, line 26)	—	12,481,226.	12,754,598.
<u>ee</u>		let assets or fund balances. Subtract line 21 from line 20		193,974,804.	211,134,997.
	rt II	Signature Block	•		
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules	and state	ments, and to the best of my	knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of whi	ch prepar	er has any knowledge.	
		1		5-1	7-78
Sig	n	Signa ure of officer	-	Date	
Her	e	HENRY NEMCIK, PRESIDENT AND CEO			_ -
		Type or print name and title			TI BEN
		Print/Type preparer's name Preparer's signature		Date Check 1	PTIN
Paid	- ⊢	Marc Berger // Mack Bey-		self-employe	P01871563 13-5381590
-	-	Firm's name BDO USA, LLP		Firm's EIN	19-9301330
use	Only	Firm's address 8401 Greensboro Drive, #800, McLe	ean, V	A 22102 phane 70	3-893-0600
1.4-	(the ID)			Phone no. 70	
	01 11-11	S discuss this return with the preparer shown above? (see instructions)	ne	 -	Yes No

	990 (2016) UNIVERSITY OF NEW MEXICO FOUNDATION, INC	85-0275408	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	SEE SCHEDULE O		
		· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Γ	Yes X No
	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?		Yes X No
-	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total exp	penses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 37,152,861. including grants of \$ 36,716,240.) (Revenue	ie \$	7,769,859.)
	THE UNIVERSITY OF NEW MEXICO FOUNDATION, INC. ENHANCES THE EDUCATIONAL		
	PURPOSES OF THE UNIVERSITY OF NEW MEXICO BY RAISING PRIVATE FUNDS FOR		
	THE BENEFIT OF STUDENTS, FACULTY AND PROGRAMS, MANAGES THOSE FUNDS TO		
	ENSURE DONOR INTENT IS REALIZED AND INVESTS ENDOWMENT FUNDS AND OTHER		
	FUNDS NOT IMMEDIATELY REQUIRED TO PROVIDE FOR LONG-TERM SUPPORT OF THE		
	UNIVERSITY.		
			•
4b	(Code) (Expenses \$ including grants of \$) (Revenu)
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue)		
70	(Code) (expenses \$) (heven	• • • • • • • • • • • • • • • • • • • •	,
			
4d	Other program services (Describe in Schedule O.)		
1-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 37,152,861.)
4e	Total program service expenses 37,152,861.		Form 990 (2016)
			Form 990 (2010

85-0275408

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Form 990 (2016) UNIVERSITY OF NEW Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	x	 -
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	 -		
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	ł
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		ستسا	 -
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> </u>
	Schedule D, Part III	8	х	}
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	}		Ì
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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			ļi
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	X	
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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			}
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
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		
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		x
	Complete Constant G, F art III		990	(2016)
		. 5		(~0 10)

Part IV Checklist of Required Schedules (contin	Jed)
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		l
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ĺ		ſ
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		ł
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ł		l
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	}		}
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l		۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ		}
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	 		١,,
	Schedule L, Part I	25b		x
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	Ì		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions).			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		- <u>x</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		-	
	contributions? If "Yes," complete Schedule M	30	х	1
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	•	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	_х_	
		Form	990	(2016)

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response or note to any line in this Part V

•		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 84			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ļ <u></u>	
	(gambling) winnings to prize winners?	1c	X	
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 2a 85	:	- 	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	-
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	_	
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	<u>4a</u>	-	_
U	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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
-	any contributions that were not tax deductible as charitable contributions?	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	200	
		Form	990	(2016)

Form 990 (2016)
UNIVERSITY OF NEW MEXICO FOUNDATION, INC

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes in Schedule O See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule () See	nstructions									
٠	Check if Schedule O contains a response or note to any line in this Part VI					X						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	/								
	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.											
b	Enter the number of voting members included in line 1a, above, who are independent	16	2,	,	1	}						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		<u> </u>	1	}	}						
_	officer, director, trustee, or key employee?											
3	Did the organization delegate control over management duties customarily performed by or under the	na dira	et supervision	2_		×						
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	ie une	aupervision	3		x						
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	s filed?	4	x	 						
5	Did the organization become aware during the year of a significant diversion of the organization's as		is mea.	5		x						
6	Did the organization have members or stockholders?	3612,		6	x	 -						
7a		nnoint	one or	 -								
<i>,</i> a	more members of the governing body?	ippoiiti	one or	7a	x	}						
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	- +ld-	aldono au	/a	<u> </u>	<u> </u>						
D	persons other than the governing body?	SIUCKII	biders, or	7b	x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hu th	o following:	10								
	The governing body?	ai by tii	e tonowing.									
	Each committee with authority to act on behalf of the governing body?			8a 8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	nohod :	at tha	- on								
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried	at tile	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Pavanu.	Code	1 9	لــــا	<u> </u>						
<u> </u>	tion B. Follows (This Section B requests information about policies not required by the internal P	everiue	, code)		Yes	Na						
100	Did the organization have local chapters, branches, or affiliates?			10a	res	No X						
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hantar	n offiliator	IUa								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	парце	s, annates,	10b	1							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	tv hefo	re filing the form?	11a	х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	y belo	re ming the form.	110								
12a	The state of the s			12a	x							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risi	to ron	flicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120								
٠	in Schedule O how this was done	03, 00	oson o c	12c	x							
13	Did the organization have a written whistleblower policy?			13	x							
14	Did the organization have a written document retention and destruction policy?			14	x							
15	Did the process for determining compensation of the following persons include a review and approv	al hv in	denandant	<u> </u>								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	acpondont									
а	The organization's CEO, Executive Director, or top management official			15a	x							
	Other officers or key employees of the organization			15b	x							
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			-:								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	uth a	}								
	taxable entity during the year?			16a		X						
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its r	articipation									
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of			[ł							
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure			1								
17	List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, DC, KY, M	E,MD,	MA, MI, MN, NV									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-			vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply	,	(-/(/ J/ (
	X Own website Another's website X Upon request Other (explain	ın Sch	edule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	finan	cıal							
-	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 bo	oks an	d records ▶									
	KENNETH STANSBURY - 505-313-7633											
	700 LOMAS BLVD NE STE. 108, ALBUQUERQUE, NM 87102											
	SEE SCHEDILE O FOR FILL LIST OF STATES					2016						

Form 990 (2016) 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

x

Page 7

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average Position (do not check more than one						000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	th an	compensation	compensation	amount of
	week		cer ar	lo a o	irecto	T	stee)	from	from related	other
	(list any	Individual trustee or director	l	ļ	ļ	ļ		the	organizations	compensation
	hours for related	e or d	ig ig	}	1	sated	{	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		g g	mbeu	•	(** 27 1033 141100)		and related
	below	gna	Institutional trustee	, .	Key employee	Highest compensated employee		Ì		organizations
	line)	hdiv	Insti	Officer	Key	High	Буттег			
(1) MICHELLE COONS	5.00]			-	F 7				
BOARD CHAIR		Х		х	L			0.	0.	0.
(2) LAURIE MOYE	3.00				[Γ				
VICE CHAIR/CHAIR ELECT		x		х	L	<u> </u>		0.	0.	0.
(3) RANDY VELARDE	3.00			}	_					
NATIONAL VICE CHAIR		x		х				0.	0.	0.
(4) WILLIAM P. LANG	3.00									
ASSISTANT TREASURER		x		x				0.	0.	0.
(5) CHAOUKI ABDALLAH	1,50									
TRUSTEE		х			l			0.	0.	0.
(6) CAROLYN ABEITA	1.50									
TRUSTEE		Х						0.	0.	0.
(7) CARL ALONGI	1.50								1	
TRUSTEE		Х			<u> </u>			0.	0.	0.
(8) GARY DUSHANE	1.50]								1
TRUSTEE	L	Х						0.	0.	0.
(9) GREG FOLTZ	1.50)								ı
TRUSTEE	ļ	Х			<u> </u>			0.	0.	0.
(10) GERALDINE FORBES ISAIS	1.50									
TRUSTEE	L	Х						0.	0.	0.
(11) CHERYL FOSSUM-GRAHAM	1.50									
TRUSTEE		Х						0.	0.	0.
(12) GUS FOSTER	1,50		{							
TRUSTEE	<u></u>	Х						0.	0.	0.
(13) WILLIAM F. LANG	1,50)							
TRUSTEE	<u> </u>	Х						0.	0.	0.
(14) MARRON LEE	1.50									
TRUSTEE	<u> </u>	Х						0.	0.	0.
(15) LAMECK LUKANGA	1.50	1								
TRUSTEE	ļ	х						0.	0.	0.
(16) RYAN MUMMERT	1.50									
TRUSTEE	<u> </u>	Х			Ĺ'	لــــا	Ш	0.	0.	0.
(17) ANTHONY PACHELLI	1.50									
TRUSTEE	L	Х					Ш	0.	0.	0.
										F 990 (0016)

632007 11-11-16

Form 990 (2016)

Form 990 (2016) UNIVERSITY O	F NEW MEXIC	O F	OUN	DAT	ION	, I	NC		85-0275408		Р	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			-(6	C)	_		(D)	(E)	Γ –	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					th an	Reportable compensation from	Reportable compensation from related	1 -	stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org	npensa from th ganizat nd relat janizati	e ion ed
(18) SHERRY PARSONS	1.50		-	Π		T						
TRUSTEE		х			Ĺ.		<u> </u>	0.	0.	1		0.
(19) KIMBERLY PENA	1.50					[[
TRUSTEE	<u> </u>	Х	<u></u>		<u>_</u>		L.	0.	0.	<u> </u>		0.
(20) DON POWER TRUSTEE	1.50	x						0.	0.			0.
(21) DOROTHY RAINOSEK	1.50				一	1				 		
TRUSTEE		x		l	ļ	ļ		0.	0.			0.
(22) NANCY RIDENOUR	1.50				Г	1						
TRUSTEE		х			1			0.	0.	}		0.
(23) TOMMY ROBERTS	1,50											
TRUSTEE		х				<u>L</u>		0.	0.	<u> </u>		0.
(24) KURT ROTH TRUSTEE	1,50	x						0.	0.			0.
(25) DAVID SALAZAR	1,50	-	-	-		┝		 	<u>`</u>	}		
TRUSTEE		x]		}		0.	0.]		0.
(26) LINDA WARNING	1.50									 		
TRUSTEE		х)	1		0.	0.	ì		0.
1b Sub-total							>	0,	0.			0.
c Total from continuation sheets to Part V	II, Section A						>	2,107,436.	0,		329,	999.
d Total (add lines 1b and 1c)								2,107,436.	0.		329,	999.
2 Total number of individuals (including but	not limited to th	ose	liste	ed al	oove	e) wł	no re	eceived more than \$100	,000 of reportable			
compensation from the organization												21
											Yes	No
3 Did the organization list any former officer		istee	e, ke	y er	nplo	yee,	, or h	nighest compensated ei	nployee on			ļ
line 1a? If "Yes," complete Schedule J for										3		<u> </u>
4 For any individual listed on line 1a, is the s									the organization			
and related organizations greater than \$15									al a.l. & a.u a	4	X	 ,
5 Did any person listed on line 1a receive or	accrue comper	ısatı	on f	rom	any	unr	eiate	eu organization or indivi	qual for services			i

rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUFFALO NOEL LEVITZ		
PO BOX 718, DES MOINES, IA 50303	PROF. FUNDRAISING	136,744.
LOBO SPORTS PROPERTIES LLC		
PO BOX 843038, KANSAS CITY, MO 64184	UNM ATHL. ADVERT/TICKETS	120,843.
AON HEWITT		T
39584 TREAS. CTR., CHICAGO, IL 60694	INV CONSULTANT(SCH O)	119,683.
		}
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization > 3	listed above) who received more than	•

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2916)

X

	rt VI	Check if Schedule O cont		onse d	or note to any lin	e in this Part VIII			x
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns	1a	<u>.</u>	1,615,412.				
Gra	t	b Membership dues	1b	+		·			
ts,	•	c Fundraising events	10	+	103,257.				
ia gi		d Related organizations	1d	4					
Sim,		e Government grants (contribut		!					
utio er	f	f All other contributions, gifts, gran	٠ ا	}					
a to		similar amounts not included above	ve 1f	ᆚ	34,825,766.				
nd		g Noncash contributions included in lines	1a-1f \$		8,039,662.		}		
O e	<u> </u>	h Total. Add lines 1a-1f				36,544,435.			
		The Coumbach Septimes		F	Business Code 611710	4 756 113	4 756 112		
vice	2 a			}	523920	4,756,112.			
Ser				├	323320	3,013,747.	3,013,747.		
E è		^c		}					
Program Service Revenue		d		}					
Pro		All other program service reve	7116	}		·			
		g Total. Add lines 2a-2f	1140	L	>	7,769,859.			
	3	Investment income (including	dıvıdends, ı	interes					
		other similar amounts)	·		▶ }	1,087,442.	}	303,388.	784,054.
	4	Income from investment of tax	k-exempt bo	ond pr	oceeds 🕨				
	5	Royalties			▶ }				
Ì			(ı) Real	1	(ii) Personal		}		
	6 a	a Gross rents	118,	256.			}		
}	b	b Less rental expenses	74,0	041.			}		
}	c	c Rental income or (loss)	44,2	215.					
}	d	d Net rental income or (loss)	,			44,215.			44,215.
}	7 a	a Gross amount from sales of	(ı) Securit		(II) Other				
}		assets other than inventory	16,087,4	462.			ł		
}	b	b Less cost or other basis	16 400 6		}		}		
- }		and sales expenses	16,499,9 -412,4			Ì	}		
}		c Gain or (loss)	-414,4	439.		-412,439.			-412,439.
_ }		d Net gain or (loss) a Gross income from fundraising	a ovente (no	. r	▶	-412,437.			-412,437.
enne	0 4			" }	}	}	ļ		
Ş.		contributions reported on line	including \$ 103,257. of			}	,		
Other Rev		Part IV, line 18	.0, 000	a	22,198.	}	}		
the	b	b Less direct expenses		ь	14,944.	}	}		
0		c Net income or (loss) from fund	raising ever	nts		7,254.	}		7,254.
- 1		a Gross income from gaming ac	-	~				· · · · · · · · · · · · · · · · · · ·	
1		Part IV, line 19		a		}	}		
}	b	b Less direct expenses		ь[
	c	c Net income or (loss) from gam	ing activities	s _					
	10 a	a Gross sales of inventory, less	returns	}	}		}		
- {		and allowances		a			ì		
}	b	b Less cost of goods sold		ь	 				
}	c	c Net income or (loss) from sales	s of inventor		▶↓				
}		Miscellaneous Revenue	<u>e</u>	B	lusiness Code				
Ì	11 a								
į		b -		├					
1	C			 }-					,
}		d All other revenue e Total. Add lines 11a-11d		L					/-
}	12	Total revenue. See instructions.				45,040,766.	7,769,859.	303,388.	423,084.
63200							i		Form 990 (2016)

Form 990 (2016) UNIVERSITY OF NEW ME. Part IX Statement of Functional Expenses

<u> </u>	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	36,716,240.	36,716,240.		
2	Grants and other assistance to domestic	}	}	}	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	1	}	}	
	organizations, foreign governments, and foreign	1		{	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	1,954,897.		765,039.	1,189,858
6	Compensation not included above, to disqualified	}	}	Ì	
	persons (as defined under section 4958(f)(1)) and	j	}	}	
_	persons described in section 4958(c)(3)(B)	5 571 205			. 555 000
7	Other salaries and wages	5,571,285.		1,004,302.	4,566,983
8	Pension plan accruals and contributions (include	£12.269		114 500	205 546
_	section 401(k) and 403(b) employer contributions)	512,268.		114,522.	397,746 574,343
9	Other employee benefits Payroll taxes	453,830.		101,662.	352,168
10 11	Fees for services (non-employees)	455,630.		101,002.	352,100
''	Management				
b	Legal	340,089,		340,089	
c	Accounting	82,245.		82,245.	
	Lobbying	51,851.		51,851.	
e	Professional fundraising services. See Part IV, line 17	142,140.			142,140
f	Investment management fees	191,265.	·	191,265.	
g	Other (If line 11g amount exceeds 10% of line 25,				
,	column (A) amount, list line 11g expenses on Sch O.)	373,072.	148,705.	125,697.	98,670
12	Advertising and promotion	210,607.		13,388.	197,219
13	Office expenses	388,341.		277,687.	110,654
14	Information technology	256,952.		136,788.	, 120,164
15	Royalties				
16	Occupancy	298,611.		298,611.	
17	Travel	268,975.	15,138.	35,645.	218,192
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			{	
19	Conferences, conventions, and meetings	27,180.		27,180.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,364.		29,364.	
23	Insurance	161,528.		161,528.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DONOR RELATIONS	762,553.			762,553
b	PAYMENTS TO ANNUITANTS	272,778.	272,778.		
С	DUES & SUBSCRIPTIONS	95,764.	· 	16,222.	79,542
d	PROFESSIONAL DEVELOPMEN	55,281.		6,932.	48,349
е	All other expenses	19,637.		19,637.	···
25	Total functional expenses. Add lines 1 through 24e	49,920,686.	37,152,861.	3,909,244.	8,858,581
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			ļ	
	Check here If following SOP 98-2 (ASC 958-720)				

632010 11-11-16

Part X Balance Sheet Х Check if Schedule O contains a response or note to any line in this Part X (A) (R) End of year Beginning of year 200 ٥. 1 Cash - non-interest-bearing 6,665,076, Savings and temporary cash investments 11,979,250. 2 1,812,994, 2,339,756. Pledges and grants receivable, net 3 258,767 351 294 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 180,326, 942,815, Notes and loans receivable, net 7 Inventories for sale or use 8 43,043 148,101. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 2,573,745 basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 154,031 1,675,660 2,419,714. 10c 24,579,216. 30 431 264. Investments - publicly traded securities 11 162,843,138. 177,450,955, 12 Investments - other securities See Part IV, line 11 12 366,354. 483,430. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 2,717,082 2 657 190. Other assets See Part IV, line 11 15 206,456,030 223,889,595. Total assets. Add lines 1 through 15 (must equal line 34) 16 1,834,440 1,909,501. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 147,393. 125,845. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 10,499,393 10,719,252. Schedule D 25 12,481,226. 12,754,598. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances 2,306,713. 2,661,909. 27 Unrestricted net assets 27 18,836,559 18,944,489. 28 Temporarily restricted net assets 28 Permanently restricted net assets 172,831,532, 29 189,528,599, Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 193,974,804. 211,134,997. 33 Total net assets or fund balances 33 206,456,030, 223,889,595. Total liabilities and net assets/fund balances

Page 12

Forn	990 (2016) UNIVERSITY OF NEW MEXICO FOUNDATION, INC	85-027540	8	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·			х
-		} }			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,766.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			,686.
3	Revenue less expenses Subtract line 2 from line 1	3			,920.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,804.
5	Net unrealized gains (losses) on investments	5	21	,755	,161.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		284	,952.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	211	,134	,997.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
	Limit Francisco			Yes	No
1	Accounting method used to prepare the Form 990 Cash & Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1		1
	separate basis, consolidated basis, or both		1	}	
	Separate basis Consolidated basis Both consolidated and separate basis		}		
b	, , , , , , , , , , , , , , , , , , , ,		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	}		
	consolidated basis, or both		}		
	Separate basis Consolidated basis X Both consolidated and separate basis		}		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 !		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	!		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	}		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	 	3b		L
			Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Nan	ne of t	ne organization							r identification numb)er			
000				KICO FOUNDATION, IN					5-0275408				
Pa	rt I	Reason for Public	Charity Status	All organizations must c	omplete th	ns part) S	ee instruction	5.					
The 1 2 3	organ	ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative	nurches, or association tion 170(b)(1)(A)(ii). (hospital service org	on of churches describe (Attach Schedule E (Fori anization described in s	ed in section m 990 or 9 ection 170	on 170(b)(990-E <i>Z</i>)) 0(b)(1)(A)(i	1)(A)(i). iii).)7				
4		A medical research organizety, and state	zation operated in co	onjunction with a hospita	ıl describe	d in section	on 170(b)(1)(A)(iii). Enter	the hospital's name,				
5		An organization operated f section 170(b)(1)(A)(iv). (0		ollege or university owne	d or opera	ated by a g	jovernmental ι	ınıt descrit	ped in				
6		A federal, state, or local go	•	mental unit described in	section 1	70/h)/4\/A	1/1/1						
-	x							ha ganaral	nublic described in				
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9		An agricultural research or			•	ed in conii	inction with a	land-grant	college				
		or university or a non-land-	-			•		-	•				
		university	9				,, a. ta otato o	0009	,				
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
11	\Box	An organization organized	and operated exclus	ively to test for public sa	afety See	section 5	09(a)(4).						
12		An organization organized	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to ca	arry out the	e purposes of one or				
		more publicly supported or	rganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section 5	509(a)(3). C	Check the box in				
		lines 12a through 12d that	describes the type of	of supporting organization	on and con	nplete line	s 12e, 12f, and	ታ 12g.					
а	ــــ	Type I. A supporting orga	· ·	•	•				• •				
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting				
		organization You must o	complete Part IV, Se	ections A and B.									
Ь	L	Type II. A supporting org	janization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	iving				
		control or management of	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	ge the sup	ported				
		organization(s) You mus	it complete Part IV,	Sections A and C.									
С	L	Type III functionally inte		·				ly integrate	ed with,				
d	[its supported organization Type III non-functionally		· · · · · · · · · · · · · · · · · · ·			•	tod organi	ration(a)				
u		that is not functionally inf											
		requirement (see instruct						i an allem	iveriess				
е		Check this box if the orga	•	-				II. Type III.					
-		functionally integrated, or					i Type I, Type	ii, rype iii					
•	Ento	r the number of supported		many integrated support	ang organi	ZatiOn			[
		ide the following information	•	ad organization(s)					L				
9.) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instruction	ıs)			
				aseve (see interrection of						_			
				· · · · · · · · · · · · · · · · · · ·		 				_			
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				 			<u> </u>		 				
Tota	<u> </u>		L		L	L							

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Schedule A (Form 990 or 990-EZ) 2016 UNIVERSITY OF NEW MEXICO FOUNDATION, INC 85-0275408

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support		<u>-</u>		********					
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not		1	{		{				
	include any "unusual grants ")	35,384,747.	36,537,789.	36,441,690.	36,617,597.	36,544,435.	181,526,258.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to	į	ł				1			
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to		1			{				
	the organization without charge									
4	Total. Add lines 1 through 3	35,384,747.	36,537,789.	36,441,690.	36,617,597.	36,544,435.	181,526,258.			
5	The portion of total contributions									
	by each person (other than a	{	{	{						
	governmental unit or publicly	[1	{						
	supported organization) included	1	1			{				
	on line 1 that exceeds 2% of the		1	}						
	amount shown on line 11,		1	}		;				
	column (f)		1	J			6,913,795.			
6	Public support. Subtract line 5 from line 4						174,612,463.			
	ction B. Total Support					<u> </u>				
Cale	indar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
	Amounts from line 4	35,384,747.	36,537,789.	36,441,690.	36,617,597.	36,544,435.	181,526,258.			
8	Gross income from interest.									
	dividends, payments received on		}	Ì						
	securities loans, rents, royalties		j	}						
	and income from similar sources	4,447,595.	3,171,373.	2,396,414.	2,905,274.	902,310.	13,822,966.			
9	Net income from unrelated business	·								
	activities, whether or not the	}	Ì	}						
	business is regularly carried on		-	Ì						
10	Other income Do not include gain									
	or loss from the sale of capital		{	į						
	assets (Explain in Part VI)	1	}	j						
11	Total support. Add lines 7 through 10		 				195,349,224,			
	Gross receipts from related activities,	etc (see instruction				12	18,047,636.			
	First five years. If the Form 990 is for	•	•	, fourth, or fifth ta	vear as a sectio					
	organization, check this box and stop		,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n your ac a coone	., 00 .(0)(0)				
Sec	ction C. Computation of Publ		centage							
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, co	olumn (fi)	·	14	89.38 %			
	Public support percentage from 2015					15	86.61 %			
	33 1/3% support test - 2016. If the c			line 13, and line 1	4 ıs 33 1/3% or п	nore, check this bo				
	stop here. The organization qualifies	=					► X			
b	33 1/3% support test - 2015. If the c			ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	•			
	and stop here. The organization qual	•		·		• • • • • • • • • • • • • • • • • • •	▶□			
17a	10% -facts-and-circumstances tes				13. 16a. or 16b. a	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.									
h	b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
~	more, and if the organization meets the									
	organization meets the "facts-and-circ				•					
18	Private foundation. If the organization		- ,				s ▶ □			
						dule A (Form 990				

Schedule A (Form 990 or 990-EZ) 2016 UNIVERSITY OF NEW MEXICO FOUNDATION, INC 85-0275408 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (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 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 furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6. Section B. Total Support (b) 2013 Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014, (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)

13	IOTAL SUPPORT. (Add lines 9, 10c, 11, and 12)				L `	<u> </u>			
14	First five years. If the Form 990 is for the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501	(c)(3) organiz	ation,		
	check this box and stop here								
se	Section C. Computation of Public Support Percentage								
15	Public support percentage for 2016 (line 8, column (f) of	livided by line 13, c	column (f))		15			%	
16	Public support percentage from 2015 Schedule A, Part	III, line 15			16			%	
Se	ction D. Computation of Investment Incom	e Percentage							

17	Investm	nent ind	come (percent	tage 1	or 2	2016	(lıne	10c,	column	(f)	divided	i by	lıne	13,	column	(f)
----	---------	----------	--------	---------	--------	------	------	-------	------	--------	-----	---------	------	------	-----	--------	-----

18 Investment income percentage from 2015 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is	s no
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	1
b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	, \

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2016

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A. and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- c 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
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- 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)
- 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.
- 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.
- c 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.
- 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
- b 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)

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<u>누</u> 99	0 or 99	(O-EZ	2016

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3 Parent of Supported Organizations Answer (a) and (b) below.

activities but for the organization's involvement

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2016

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Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

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3 4

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Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

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

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

emergency temporary reduction (see instructions)

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)										
Secti	on D - Distributions			Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes									
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported									
	organizations, in excess of income from activity										
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns								
4	Amounts paid to acquire exempt-use assets			<u></u>							
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 which the	е									
	(provide details in Part VI). See instructions										
9_	Distributable amount for 2016 from Section C, line 6	·									
10	Line 8 amount divided by Line 9 amount		r——————	<u></u>							
		(i)	(ii) Underdistributions	(iii) Distributable							
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016							
	D. d. l. b. l. l	 		 							
	Distributable amount for 2016 from Section C, line 6										
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI) See instructions										
	Excess distributions carryover, if any, to 2016		·								
3											
<u>a</u> b	 	 		}							
	From 2013										
	From 2014	· · · · · · · · · · · · · · · · · · ·									
	From 2015										
	Total of lines 3a through e										
	Applied to underdistributions of prior years										
h	Applied to 2016 distributable amount										
	Carryover from 2011 not applied (see instructions)										
三	Remainder Subtract lines 3g, 3h, and 3i from 3f										
4	Distributions for 2016 from Section D,										
	line 7 \$										
a	Applied to underdistributions of prior years										
	Applied to 2016 distributable amount			<u> </u>							
<u>c</u>	Remainder Subtract lines 4a and 4b from 4										
5	Remaining underdistributions for years prior to 2016, if										
	any Subtract lines 3g and 4a from line 2 For result greater			{							
	than zero, explain in Part VI See instructions		<u> </u>								
6	Remaining underdistributions for 2016 Subtract lines 3h										
	and 4b from line 1 For result greater than zero, explain in										
	Part VI See instructions			 							
′	Excess distributions carryover to 2017. Add lines 3j			ļ							
	and 4c		 								
8	Breakdown of line 7		 								
a	Excess from 2013	 	 								
	Excess from 2014										
	Excess from 2015		 	 							
	Excess from 2016			 							
_	EXPOSS ITS IN ESTO			(Farm 000 at 000 EZ) 0016							

Schedule A	(Form 990 or 990-E						85-0275408	Page 8
Part VI	Supplementa	Information	on. Provide the	explanation	s required by P	art II, line 10, Part I	I, line 17a or 17b, Part III, line 12.	
	Part IV, Section A	, lines 1, 2, 3b,	, 3c, 4b, 4c, 5a,	6, 9a, 9b, 9c	c, 11a, 11b, and	i 11c; Part IV, Sect	ion B, lines 1 and 2, Part IV, Section	C,
•	line 1, Part IV, Sec	tion D, lines 2	and 3, Part IV,	Section E. Iir	nes 1c. 2a. 2b. 3	3a. and 3b. Part V.	line 1, Part V. Section B. line 1e. Par	t V,
	Section D, lines 5,	6, and 8, and	Part V, Section	E, lines 2, 5	, and 6. Also co	mplete this part for	r any additional information	
	(See instructions)							
								
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632028 09-21-1							Schedule A (Form 990 or 990-E	Z) 2010
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2016

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

 Section 501(c)(4), (5), or (6) org 	anizations: Complete Part III			
Name of organization			Emp	loyer identification numbe
	SITY OF NEW MEXICO FOUNDATION organization is exempt und	<u>, </u>	\	85-0275408
	rganization's direct and indirect politic penditures		s in Part IV	,
Part I-B Complete if the	e organization is exempt und	ler section 501(c		
•	e tax incurred by the organization und		> \$	·
•	e tax incurred by organization manag		5 5 ► \$	·
<u>-</u>	section 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				└─ Yes └─ No
b If "Yes," describe in Part IV. Part I-C Complete if the	organization is exempt und	er section 501/c	N except section 501	(0)(3)
	ended by the filing organization for se			
	organization's funds contributed to ot			
exempt function activities	organization's funds contributed to of	nei organizations toi	Section 527 ► \$	
•	itures Add lines 1 and 2. Enter here a	and on Form 1120-PO	•	
line 17b	itales / lad ii/los / a/lo 2. E/las / lore a		·~, ▶ ¢	
4 Did the filing organization file I	Form 1120-POL for this year?		Ψ	Yes No
	nd employer identification number (El	N) of all section 527 r	onlitical organizations to which	
	anization listed, enter the amount paid	•	•	• •
	ere promptly and directly delivered to			•
	C) If additional space is needed, prov			• •
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		†		
				
		 	 	
		 	 	
or Paperwork Reduction Act No	tice, see the Instructions for Form 9	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 201
HA .				•

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Schedule C (Form 990 or 990-EZ) 2016 UNIVE				85-02	I auc E				
Part II-A Complete if the organiza	ition is exe	empt under section	on 501(c)(3) and fi	led Form 5768 (e	lection under				
section 501(h)).									
A Check ► ☐ If the filing organization be	longs to an at	filiated group (and list i	in Part IV each affiliated	l group member's nan	ne, address, EIN,				
expenses, and share of ex	cess lobbying	g expenditures)							
B Check ► L if the filing organization ch	ecked box A	and "limited control" pr	ovisions apply	,	·				
Limits on L	obbying Exp	enditures		(a) Filing	(b) Affiliated group				
(The term "expenditures			.)	organization's totals	totals				
					ļ				
1a Total lobbying expenditures to influence	•			ļ	 				
b Total lobbying expenditures to influence a		ody (direct lobbying)			 				
c Total lobbying expenditures (add lines 1a	and 1b)								
d Other exempt purpose expenditures		n			 				
	e Total exempt purpose expenditures (add lines 1c and 1d)								
/	f Lobbying nontaxable amount. Enter the amount from the following table in both columns								
If the amount on line 1e, column (a) or (b) is:		bbying nontaxable am							
Not over \$500,000		f the amount on line 1e			1				
Over \$500,000 but not over \$1,000,000	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,00								
					}				
Over \$1,500,000 but not over \$17,000,00	\$225,0	00 plus 5% of the exce	ess over \$1,500,000						
Over \$17,000,000									
Constants and while arrows to the OFF	/ af luna 15				 				
g Grassroots nontaxable amount (enter 259	•				 				
h Subtract line 1g from line 1a If zero or les i Subtract line 1f from line 1c If zero or les	•				 				
J If there is an amount other than zero on e		r line 1. did the execute	ention file Come 1700		<u> </u>				
	trier line moi	nine n, did the organiz	ation file Form 4720	{					
reporting section 4911 tax for this year?	4-Voor Au	eraging Period Under	postion E01/h)		Yes No				
(Some organizations that ma				of the five columns h	elow.				
		rate instructions for li							
L	bbying Expe	nditures During 4-Ye	ar Averaging Period						
		T	T		T				
Calendar year	a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total				
(or fiscal year beginning in)		}	}						
		1							
2a Lobbying nontaxable amount									
b Lobbying ceiling amount									
(150% of line 2a, column(e))			}						
c Total lobbying expenditures			}						
d Grassroots nontaxable amount		<u> </u>							
e Grassroots ceiling amount									
(150% of line 2d, column (e))		<u> </u>							
		}	{						
f Grassroots lobbying expenditures		<u> </u>							

Schedule C (Form 990 or 990-EZ) 2016 UNIVERSITY OF NEW MEXICO FOUNDATION, INC 85-0275408

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ea	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	T (a	3)	(b	
	lobbying activity	Yes	No	Amo	
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				j
а	Volunteers?	<u> </u>	Х		!
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?	 	Х	ļ	
	Publications, or published or broadcast statements?	X			5,000.
	Grants to other organizations for lobbying purposes?	X			40,500.
-	Direct contact with legislators, their staffs, government officials, or a legislative body?	х			6,351.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		Х		F1 0F1
-	Total Add lines 1c through 1i	 	х		51,851.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	 			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5) or se	ction	
T at	501(c)(6).	1011 30 1(6)	(5), 01 50	Caon	
	001(0)(0).			Yes	No No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year			
	III-B Complete if the organization is exempt under section 501(c)(4), sect			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	1000		
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	p list), Part II	-A, lines 1 a	ınd 2 (see	
	ctions); and Part II-B, line 1 Also, complete this part for any additional information				
PART	II-B, LINE 1, LOBBYING ACTIVITIES:				
E. P	URCHASE OF SIGNS SUPPORTING MILL LEVY VOTE				
F. C	ONTRIBUTION TO GO BONDS FOR EDUCATION TO SUPPORT THE 2016 GENERAL		· · · · · · · · · · · · · · · · · · ·		
OBLI	GATION BOND VOTE				
G. L	OBBYING ACTIVITIES BY UNM'S OFFICE OF GOVERNMENT AND COMMUNITY				
RET.A	TIONS				
		Schedu	le C (Form	990 or 990	-EZ) 2016
		·-	•		•

632043 11-10-16

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNIVERSITY OF NEW MEXICO FOUNDATION INC

Employer identification number 85-0275408

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accol	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6		•
		(a) Donor advised funds	(b) Fun	nds 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 advisors in	writing that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring	
,	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education)	rcally impor	tant land area
	Protection of natural habitat	Preservation of a certifi	ed historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	f a conserv	
	day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	· · · · · · · · · · · · · · · · · · ·
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	e	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization	during the tax
	year ▶			
4	Number of states where property subject to conservation ear			
5	Does the organization have a written policy regarding the per	.		[] []
_	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of walstons and sufavous account		
′	S Amount of expenses incurred in monitoring, inspecting, nance	uling of violations, and enforcing conservation	on easemer	nts during the year
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170/h)(A)(D)(A)	
Ü	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 170(ii	<u> </u>	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	tatement s	
_	include, if applicable, the text of the footnote to the organization			
	conservation easements	tion o mandar diatomonio mar addonided th	ic organizat	adria decodariang for
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Simil	ar Assets.
L	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	GC 958), not to report in its revenue stateme	ent and bala	ance sheet works of art.
	historical treasures, or other similar assets held for public exh	•		•
	the text of the footnote to its financial statements that descri		•	, , ,
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•		•
	relating to these items	·	, ,	_
	(i) Revenue included on Form 990, Part VIII, line 1		> :	5,000,000. \$ 0.
	(ii) Assets included in Form 990, Part X		>	\$ 0.
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial o	gain, provid	e
	the following amounts required to be reported under SFAS 1		<u>.</u>	
а	Revenue included on Form 990, Part VIII, line 1	-	> :	\$ 15,200.
b	Assets included in Form 990, Part X		> :	\$ 2,657,190.
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2016

632051 08-29-16

	- aa 2 (1 c. 1. 1 c. c.) 2 c . c	OF NEW MEXICO						85-0275			ige 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following th	at are a s	ignificant	use of its	collection	items	3
٠	(check all that apply)										
а	Public exhibition	c	י בַבַן	Loan or exc							
þ	Scholarly research	e	x	Other_SUP	PORT UNM	ART PRO	OGRAMS				
C	Preservation for future generations										
4	Provide a description of the organization's c			-	-			ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ner sımıla	r assets				
	to be sold to raise funds rather than to be m							<u> x</u>	- 100	لييل	No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		tiany for	contribution	s or other a	seate not	included				
	on Form 990, Part X?	ian or other intermet	alary loi	Continbution	is or oard a	33013 1101	mologed		Yes	[-7	No
ь	b If "Yes," explain the arrangement in Part XIII and complete the following table										
-	1 103, explain the arrangement in 1 art XIII	and complete the te	nowing	Labic				<u> </u>	Amount		
_	Beginning balance						1ç		Amount		
	Additions during the year						1d				
e	Distributions during the year						1e	 			
f	Ending balance						1f	·			
2a		orm 990. Part X. line	21. for	escrow or cu	istodial acco	ount liabi		·	Yes	$T \cap$	No
	If "Yes," explain the arrangement in Part XIII						,				
Pa											
		(a) Current year		Prior year	(c) Two yea		(d) Three	years back	(e) Four	years b	ack
1a	Beginning of year balance	191,121,892.		,272,606.	194,83			287,758.	150,	183,2	261.
ь	Contributions	10,944,702.	16	,580,933.	13,36	5,001.	6,1	185,179.	8,	920,9	993.
С	Net investment earnings, gains, and losses	21,422,839.	- 2	,994,876.	-68	9,101.	30,2	217,420.	16,	862,0	034.
d	Grants or scholarships	12,267,432.	14	,756,064.	9,45	3,789.	6,5	32,260.	5,	953,9	973.
е	Other expenditures for facilities										
	and programs				1	}					
f	Administrative expenses	3,455,110.	2	,980,707.	2,78	1,962.	2,3	325,640.	2,	724,5	557.
g	End of year balance	207,766,891.	191	,121,892.	195,27	2,606.	194,8	32,457.	167,	287,7	758.
2	Provide the estimated percentage of the curl	rent year end balanc	e (line 1	g, column (a)) held as						
а	Board designated or quasi-endowment	8.89	_%								
b	Permanent endowment ► 90.90	%	_								
С	Temporarily restricted endowment ▶	.21 %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are held a	nd administe	ered for t	he organi	zation			
	by									/es	No
	(i) unrelated organizations								3a(i)		x
	(ii) related organizations								3a(ii)		х
þ	If "Yes" on line 3a(ii), are the related organization	•							3b		
4_	Describe in Part XIII the intended uses of the		wment	funds							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere			,		D, Part X,	line 10				
	Description of property	(a) Cost or of basis (investing		(b) Cost basis (ccumulate preciation		(d) Book	value	
1a	Land		0.134.		<u>-</u>					50,1	34.
	Buildings		0,860.						2 .	310,8	
	Leasehold improvements				7,210.		7.	210.			0.
	Equipment				172,918.		134,			38,5	25.
	Other	3;	2,623.					428.		20,1	
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c)				2,4	119,7	

Schedule D (Form 990) 2016

UNIVERSITY OF	NEM WEXICO	FOUNDATION,	INC	85-0275408
her Securities				

Schedule D (Form 990) 2016 UNIVERSITY OF NEW	MEXICO FOUNDATI	ION, INC	85	5-0275408	Page 3
Part VIII Investments - Other Securities.					
Complete if the organization answered "Yes" (.(a) Description of security or category (including name of security)					
بالمناسبين والمراجي فيهرين والمناسبين والمناسبين والمناسبين والمناسبين والمناسبين والمناسبين والمناسبين والمناسب	(b) Book value	(c) Method of V	valuation Cost or e	nd-or-year market	value
(1) Financial derivatives	·	}			
(2) Closely-held equity interests					
(A) DOMESTIC BOND FUNDS	10 472 5	OF END OF WILD	WARKER WALKE		
	10,473,5		MARKET VALUE		
			MARKET VALUE		
	48,456,5		MARKET VALUE		
	45,197,8 9,812,9		MARKET VALUE		
\ 	18,269,1		MARKET VALUE		
	38,543,4		MARKET VALUE		
		END-OF-IEAR	MARKET VALUE		
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	177,450,9	155			
Part VIII Investments - Program Related.	177,450,5	23.1			
		0 5 000			
Complete if the organization answered "Yes" o	(b) Book value		Part X, line 13 raluation Cost or e	nd of year market	· value
	(b) book value	(C) Method of V	aluation Cost or e		value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (Cal (b) must savel form 000 Part V sel (P) (no 12)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.					
	F 000 D-+ 0/	1 44 - 1 O E 200	D		
Complete if the organization answered "Yes" o	Description	line 11d See Form 990,	Part X, line 15	(b) Book v	value.
	bescription			(0) 2000 (raiue
(1)					
(2)				 	
(3)					
(4)					
(5)				+	
(6)				+	
<u>(7)</u>					
(8)				+	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15\				
Part X Other Liabilities.	13)		▶	-1	
Complete if the organization answered "Yes" o	on Form 000 Dort IV	loggette av 11f Can Farm	n 000 Dort V lime (ne.	
(28)	on Form 990, Part IV,	(b) Book value	1 990, Part X, line 2	<u> </u>	 -
"		(b) book value			į
(1) Federal income taxes (2) ANNUITIES PAYABLE		2 162 079			1
		2,162,078. 385,264.			ì
		8,171,910.			
		0,171,310.			3
(5)					Ì
(6)					i L
(7)					
(8)					1
(9) Table (Column (b) much as all Form (CC) (Red V. col. (R) (ma	25)	10 710 050			ļ
Total. (Column (b) must equal Form 990, Part X, col (B) line		10,719,252.			
2. Liability for uncertain tax positions. In Part XIII, provide t		-			
organization's liability for uncertain tax positions under F	-IN 48 (ASC 740) Ch	eck here if the text of the	e tootnote has bee	n provided in Par	t XIII ـــــا

632053 08-29-16

Schedule D (Form 990) 2016

<u>Sche</u>	dule D (Form 990) 2016 UNIVERSITY OF NEW MEXICO FOUNDATION, INC			85-0275408	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
• 1	Total revenue, gains, and other support per audited financial statements			-1-	66,889,614.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	10-1	21,755,161.	1	
a b	Net unrealized gains (losses) on investments Donated services and use of facilities	2a 2b	21,755,101.	1	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	284,952.		
e	Add lines 2a through 2d	_ 20		2e	22.040.113.
3	Subtract line 2e from line 1			3	44,849,501.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				'-'
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	191,265.	[[
b	Other (Describe in Part XIII)	4b		[[
С	Add lines 4a and 4b			4c	191,265.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	45,040,766.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	49,729,421.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		[]	
b	Prior year adjustments	2b	 		
С	Other losses	2c	·····]	
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	<u> </u>
3	Subtract line 2e from line 1		1	3	49,729,421.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1	404 055		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	191,265.		
b	Other (Describe in Part XIII)	4b			101 265
_	Add lines 4a and 4b			4c	191,265.
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.			5	49,920,686.
L	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	V lines	th and the Part V line	1 Part Y Iron 2	Port VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	-		+, Part A, IIIIe Z	, rait /i,
	and 40, and 1 divini, into 20 and 40 1 to 00 to inplote time part to provide any addition	ional iin	omaton.		
PART	III, LINE 4:				
THE	DONATED ART HELD FOR SALE WILL BE SOLD AND THE NET PROCEEDS WIL.	L			
SUPP	ORT ART PROGRAMS, COLLECTIONS, MUSEUMS AND AND OTHER PROGRAMS A	T THE			
UNIV	ERSITY OF NEW MEXICO. ART DONATED FOR PUBLIC EXHIBITION WAS TRA	NSFERE	D		
то т	HE UNIVERSITY OF NEW MEXICO FOR PUBLIC EXHIBITION AT UNM'S HARW	OOD			
MUSE	UM OF ART.				
PART	V, LINE 4:				
THE	PURPOSE OF EACH ENDOWMENT FUND IS SPECIFIED IN A WRITTEN AGREEM	ENT			
WITH	A DONOR(S) AND SUPPORTS THE MISSION OF THE UNIVERSITY OF NEW MI	EXICO			
					
INCL	UDING SCHOLARSHIPS, FACULTY SUPPORT, LIBRARIES, RESEARCH BUILDIN	NGS AN	<u> </u>		
EQUI	PMENT.				
632054	08-29-16			Schedule D (F	orm 990) 2016

Schedule D	(Form 990) 2016	UNIVERSITY OF N	EM WEXICO	FOUNDATION,	INC	85-0275408	Page 5
Part XIII	Supplemental I	UNIVERSITY OF N nformation (continued)					
							
PART XI	LINE 2D - OTHER	ADJUSTMENTS ·					
							
> D 771 CM) (D)	.m =0.0 2.0m;;2.0.7.2.7	TANTITMY ON AMBIEME	o Davada	•			
ADJUSTMER	VI FOR ACTUARIAL	LIABILITY OF ANNUITI	S PAYABL	<u> </u>		 	
					·		
							
							
						 	
					 		
							
							
				· 			
							
							

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury laternal Revenue Service

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

Inspection

Name of the organization					Employer ident	meation number
UNIVERSITY OF NEW MEXIC	CO FOUNDATION	N, INC			85-0275408	
			tside the United States. Comple	te if the organ	ization answered	"Yes" on
Form 990, Part IV						
			ds to substantiate the amount of its gra			Yes No
the grantees engionity in	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance/	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	itside the
United States.			-	•		
			an be duplicated if additional space is n			
(a) Region	(b) Number of offices	'employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	ın the region	agents, and independent contractors	gram services, investments, grants to	•	specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
	}					
CENTRAL AMERICA AND	}					
THE CARIBBEAN	,	0	INVESTMENTS			29,409,175.
			[
EUROPE	0	0	INVESTMENTS			4,208,083.
	}		1			
		·				
						
						
						
	1					
			}			
3 a Sub-total	0	0				33,617,258.
b Total from continuation	_					_
sheets to Part I	0	0	 			0.
c Totals (add lines 3a and 3b)	0	0				33,617,258.

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

Schedule F (Form 990) 2016

Page 2

Schedule F (Form 990) 2016 UNIVERSITY OF NEW MEXICO FOUNDATION, INC

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

(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of noncash assistance					
(g) Amount of noncash assistance					xempt by
(f) Manner of cash disbursement					recognized as tax-e
(e) Amount of cash grant					foreign country,
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region					Enter total number of recipient organizations listed above that are rathe IRS, or for which the grantee or counsel has provided a section
(b) IRS code section and EIN (if applicable)					recipient organization
1 (a) Name of organization					2 Enter total number of the IRS, or for which t

Schedule F (Form 990) 2016

3 Enter total number of other organizations or entitles

Page 3	•
INC 85-0275408	see Complete if the executation encuered "Ves" on Corm 600 Bort IV line 16
INC	damo
Schedule F (Form 990) 2016 UNIVERSITY OF NEW MEXICO FOUNDATION,	Dart III Organia and Other Assistance to Individual Outside the United States
Schedule F (Form 990) 2016	Dart III Cranto and Othor A

Page 3		(h) Method of valuation (book, FMV, appraisal, other)				1	Schedule F (Form 990) 2016
	IV, line 16	(g) Description of noncash assistance					Sched
85-0275408	on Form 990, Part	(f) Amount of noncash assistance					
85-	the organization answered "Yes" o	(e) Manner of cash disbursement					
ION, INC	ites. Complete if	(d) Amount of cash grant					
EXICO FOUNDAT	le the United Sta	(c) Number of recipients					
UNIVERSITY OF NEW MEXICO FOUNDATION,	e to Individuals Outsid Iditional space is neede	(b) Region			i		
Schedule F (Form 990) 2016	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed	(a) Type of grant or assistance					

Schedule F (Form 990) 2016

Schedule F	(Form 990) 2016 UNIVERSITY OF NEW MEXICO FOUNDATION, INC	85-0275408	Page 5
Part V	Supplemental Information		
•	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (ac investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting (estimated number of recipients), as applicable. Also complete this part to provide any additional	method); and Part III, column	(c)
		· · · · · · · · · · · · · · · · · · ·	
		<u></u>	
			
			
		· · · · · · · · · · · · · · · · · · ·	
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632075 09-21-16

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Name of the organization	bout Schedule G (Form 990 or 990-E	Z) and its	<u>s instri</u>	ictions is at www.irs.g		entification number
-	OF NEW MEXICO FOUNDATION	INC			85-0275408	
	Complete if the organization answ		'es" o	n Form 990, Part IV,	line 17 Form 990-E	Z filers are not
Indicate whether the organization rais X Mail solicitations X Internet and email solicitations	e X Solicità	ation of ation of	non-g gover	overnment grants		
c X Phone solicitations d X In-person solicitations	g X Specia					
2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indi-	art VII) or entity in connection with viduals or entities (fundraisers) pure	profess	ional t	undraising services?	X Ye	
compensated at least \$5,000 by the	organization			···	··	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
RUFFALO NOEL LEVITZ - PO BOX 3018, CEDAR RAPIDS, IA 52406	PHONE, EMAIL, MAIL	Yes	No X	557,019.	142,140	414,879.
						<u> </u>
Total 3 List all states in which the organization	in is registered or licensed to solicit	contrib	Lutions	557,019.	142,140	. 414,879.
or licensing AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, H				· · · · · · · · · · · · · · · · · · ·		
MT NE NV NH NJ NM NY NC ND OH OH			<u>-</u> -			
DC		-,,	,	7.1 7.11-		
		_				
LHA For Paperwork Reduction Act Not	ce, see the Instructions for Form	990 or	990-1	Z. S	Schedule G (Form	990 or 990-EZ) 2016

Schedule G (Form 990 or 990 EZ) 2016 UNIVERSITY OF NEW MEXICO FOUNDATION, INC	85-0275408	_ Page 3
11 *Does the organization conduct gaming activities with nonmembers?	,	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	rmed	
to administer charitable gaming?		Yes No
13 Indicate the percentage of gaming activity conducted in		
a The organization's facility	13a	%
b An outside facility	13b	
·		
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	a records:	
Name ▶		
Address ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	Je?	res No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and to	he amount	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party		
Name ▶		
Address >		
16 Gaming manager information		
Name		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?		res No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
organization's own exempt activities during the tax year \$	spent in the	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9	9b, 10b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions		 -
PI, LN 2B, COL 5		
TELEPHONE, EMAIL, DIRECT MAIL SOLICITATION		
		
		,
		
		
		

Part IV Supplemental Information (continued)	Schedule G (Form 990 or 990-EZ) UNIVERSITY OF NEW MEXICO FOUNDATION, INC Part IV Supplemental Information (continued)	85-0275408	Page 4
	Part IV Supplemental Information (continued)		
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			-
			
			
		·	
			
Schedule G (Form 990 or 990-E		Schedule G (Form 990 or	990-EZ

632084 04-01-16

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service
Name of the organization

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.

OMB No 1545-0047	2016	Open to Public	Inspection

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

	INGINE OF THE ORGANIZATION UNIVERSITY OF NEW MEXICO FOUNDATI	NEW MEXICO FC	DUNDATION, INC					Employer identification number 85-0275408	number
Part	General Information on Grants and Assistance	and Assistance							
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the	e amount of the grants	or assistance, the	grantees eligibilit	y for the grants or ass	istance, and the selec	tion	\ \{\sqrt{2}\}
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monr	toring the use of grant	funds in the United	d States.			<u>}</u>	?]
PartII	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	izations and Domestic	c Governments. C	complete if the orga	anization answered "Y	'es" on Form 990, Part	: IV, line 21, for any	
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	ional space is need	ded				
1 (a) h	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	int in the second
UNIVERSITY C 1 UNIVERSITY ALBUQUERQUE	UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	STATE GOVERNMENT	30,416,240,	6,300,000,APPRAISAL	APPRAISAL	ARTWORK, REAL ESTATE	EDUC & RESEARCH PROGRAMS	GRAMS
2 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				A	1.
3 Enter	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table		\ \ \ \ \			•	1.
LHA For	For Paperwork Reduction Act Notice, see the Instructions for	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)	0) (2016)

Scriedule I (FOI II) 330) (2010)	TOT THE TOTAL	, ,,,,,			Z abal
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	als. Complete if the	organization answ	ered "Yes" on Form 9	190, Part IV, line 22	-
(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 noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	equired in Part I, Iir	e 2, Part III, column	(b), and any other a	ditional information	
PART I, LINE 2:					
THE FOUNDATION MAINTAINS RECORDS SUBSTANTIATING THE AMOUNT OF GRANTS	HE AMOUNT OF G	RANTS.			
HOWEVER, THE FUNDS ARE PROVIDED DIRECTLY TO THE UNIVERSITY WHO ESTABLISHES	NIVERSITY WHO	ESTABLISHES			
THE SELECTION CRITERIA, GRANTS ARE MONITORED THROUGH THE UNIVERSITY OF NEW	UGH THE UNIVER	SITY OF NEW			
MEXICO'S ACCOUNTING DEPARTMENT AND ITS BOARD OF REGENTS	EGENTS.				
532102 11-01-16		44			Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Onen to Public Inspection

Dèpartment of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF NEW MEXICO FOUNDATION INC

Employer identification number

Schedule J (Form 990) 2016

85-0275408 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 16 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract Compensation committee Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? x 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? x 5a x b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? X b Any related organization? 6b x If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III X 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

632111 09-09-16

Regulations section 53 4958-6(c)?

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

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2016

85-0275408

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Siliano	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) HENRY NEWCIK	Ξ	304,222.	32,474.	75,000.	32,586.	6,876.	451,158.	0
PRESIDENT & CEO	Ξ	0	0	0	0	0	0.	0
(2) RODNEY HARDER	Ξ	174,340.	20,654.	25,000.	18,936.	12,128.	251,058.	0
CFO & TREASURER	Ξ	0	0	0.	0	0	0.	0
(3) WILLIAM UHER	Ξ	191,747.	16,829.	0	17,908.	6,927.	233,411.	0
VICE PRESIDENT	Ξ	0	0	0	0	0	0.	0.
(4) LARRY RYAN	Ξ	190,702.	16,829.	0	17,908.	17,751.	243,190.	0
VICE PRESIDENT	Ξ	0	0	0.	0	0.	0	0.
(5) CURTIS HELSEL	Ξ	157,604.	17,736.	0.	15,831.	13,095.	204,266.	0.
CHIEF OPERATING OFFICER	Ξ	0	0	0	0	0	0	0
(6) WENDY STIRES	Ξ	140,285.	15,046.	0	13,982.	13,142.	182,455.	0.
ASSOCIATE VP	Ξ	0	0	0.	0	0	0.	0.
(7) ANNETTE HAZEN	Ξ	126,418.	10,650.	0	11,783.	6,927.	155,778.	0
ASSOCIATE VP	Ξ	0	0	0	0	0	0.	0.
(8) KENNETH STANSBURY	Ξ	117,503.	10,295.	0.0	11,405.	17,751.	156,954.	0
CONTROLLER	≘	0	0	0	0	0	0	0.
(9) FRANKIE MELVIN	(<u>i</u>)	112,494.	10,197.	0.	10,860.	17,751.	151,302.	0
DEVELOPMENT OFFICER	(ii)	0	0.	0.	0.	0.	0	0
	(i)							
	Ξ							
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number

	UNIVERSITY OF NEW	MEXICO FO	UNDATION, INC		85-0	275408		
Pa	rt I Types of Property							
		(a)	(b)	(c)		(d)		
		Check If	Number of	Noncash contribution	Method of		•	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash conti	ibution a	ımoun	ts
1	Art - Works of art	Х	3	5,015,200				
2	Art - Historical treasures			<u> </u>				
3	Art - Fractional interests				 			
4	Books and publications			 	 			
-	· '			 	 			
5	Clothing and household goods		 		 			
6	Cars and other vehicles				 			——
7	Boats and planes		 		}			
8	Intellectual property		<u> </u>		L			
9	Securities - Publicly traded	х	79	1,561,862,	FMV			
10	Securities - Closely held stock				ļ			
11	Securities - Partnership, LLC, or				ł			
	trust interests				ļ			
12	Securities - Miscellaneous							
13	Qualified conservation contribution -				}			
	Historic structures			<u> </u>	 _			
14	Qualified conservation contribution - Other			<u> </u>				
15	Real estate - Residential	Х	1		APPRAISAL			
16	Real estate - Commercial	X	2	1,588,000.	APPRAISAL			
17	Real estate · Other			L				
18	Collectibles			<u></u>				
19	Food inventory			 				
20	Drugs and medical supplies			·	<u> </u>			
21	Taxidermy							
22	Historical artifacts		l					
23	Scientific specimens		· · · · · · · · · · · · · · · · · · ·		l			
24	Archeological artifacts		· 					
25	Other • ()		·					
26	Other ()				L			
27	Other ()							
28	Other ()				<u></u>			
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	gement 29			1	<u> </u>
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	oorted in Part I, lines 1 throu	gh 28, that it	[l	
	must hold for at least three years from the date	of the initia	il contribution, and	l which isn't required to be ι	sed for	[l	L
	exempt purposes for the entire holding period?	•				30a	l	х
b	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribi	utions?	31	х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a	x	
b	If "Yes," describe in Part II							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	y for which column (a) is che	cked,	-	[
	describe in Part II					_L	<u> </u>	l _ !
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule	M (Form	990)	(2016)

Schedule M	(Form 990) (2016) UNIVERSITY OF NEW MEXICO FOUNDAY	TION, INC	85-0275408	Page 2
Part II	Supplemental Information. Provide the information rules reporting in Part I, column (b), the number of contributions, this part for any additional information	equired by Part I, lines 30b, 32t	o, and 33, and whether the orgar or a combination of both Also co	ization
				
SCHEDULE	M, LINE 32B.			
A BROKER	IS USED TO SELL GIFTS OF SECURITIES AND REAL ES	STATE AGENCIES		
ARE USED	TO LIST AND SELL GIFTS OF REAL ESTATE			
				
				
				
				
			· · · · · · · · · · · · · · · · · · ·	
				
				
				
				

Schedule M (Form 990) (2016)

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SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNIVERSITY OF NEW MEXICO FOUNDATION, INC	85-0275408
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE UNIVERSITY OF NEW MEXICO FOUNDATION, INC. (UNM FOUNDATION) IS A	
NONPROFIT NEW MEXICO CORPORATION ORGANIZED TO RAISE, MANAGE AND INVEST	
PRIVATE GIFTS IN SUPPORT OF THE UNIVERSITY OF NEW MEXICO (UNIVERSITY).	
FORM 990, PART III, LINE 1, DESCRIPTIION OF ORGANIZATION MISSION:	
THE UNM FOUNDATION ENCHANCES THE EDUCATIONAL PURPOSES OF THE UNIVERSITY	
BY RAISING PRIVATE FUNDS FOR THE BENEFIT OF STUDENTS, FACULTY AND	
PROGRAMS, MANAGES THOSE FUNDS TO ENSURE DONOR INTENT IS REALIZED AND	
INVESTS ENDOWMENT FUNDS AND OTHER FUNDS NOT IMMEDIATELY REQUIRED TO	
PROVIDE FOR LONG-TERM SUPPORT OF THE UNIVERSITY.	
FORM 990, PART VI, SECTION A, LINE 4	
THE BYLAWS WERE AMENDED IN MAY 2017 TO ALLOW THE PRESIDENT OF UNM TO	
APPOINT UP TO TWO UNM DEANS TO SIT ON THE UNM FOUNDATION BOARD; PREVIOUSLY,	
THE BYLAWS REQUIRED THE PRESIDENT OF UNM TO APPOINT TWO DEANS TO SIT ON THE	
UNM FOUNDATION BOARD.	
FORM 990, PART VI, SECTION A, LINE 6.	
THE MEMBERS OF THE CORPORATION SHALL CONSIST OF THE BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO MAY APPOINT ONE MEMBER	
TO THE UNM FOUNDATION'S BOARD OF TRUSTEES. THE BOARD OF REGENTS IS THE	
CONSTITUTIONALLY DESCRIBED GOVERNING BODY OF THE UNIVERSITY HAVING	
FIDUCIARY RESPONSIBILITY FOR THE ASSETS AND PROGRAMS OF THE UNIVERSITY. THE	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization UNIVERSITY OF NEW MEXICO FOUNDATION, INC	Employer identification number 85-0275408
. BOARD OF TRUSTEES IS THE ELECTED GOVERNING BOARD OF THE UNM FOUNDATION	
HAVING FIDUCIARY RESPONSIBILITY FOR THE ASSETS AND PROGRAMS OF THE UNM	
FOUNDATION.	
FORM 990, PART VI, SECTION A, LINE 7B	
THE CONSOLIDATED INVESTMENT FUND INCLUDES ASSETS OWNED BY THE UNIVERSITY	
AND ASSETS OWNED BY THE UNM FOUNDATION. THE BOARD OF REGENTS OF THE	
UNIVERSITY AND THE BOARD OF TRUSTEES OF THE UNM FOUNDATION JOINTLY APPROVE	
THE INVESTMENT POLICY AND THE INVESTMENT CONSULTANT FOR THE CONSOLIDATED	
INVESTMENT FUND	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND THE EXECUTIVE	
COMMITTEE. THE AUDIT COMMITTEE APPROVES THE FORM 990 AND A COPY IS PROVIDED	
TO EACH MEMBER OF THE BOARD OF TRUSTESS PRIOR TO FILING. THE FORM IS ALSO	
REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM, THE FORM 990 IS THEN FILED WITH	
THE INTERNAL REVENUE SERVICE.	
	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL OFFICERS, TRUSTEES AND KEY EMPLOYEES ATTEST TO THEIR INDEPENDENCE UPON	
APPOINTMENT OR HIRE AND REAFFIRM THIER INDEPENDENCE ANNUALLY, A TRUSTEE	
WITH A POTENTIAL CONFLICT IS NOT PERMITTED TO VOTE ON ANY ACTION PERTAINING	
TO THAT POTENTIAL CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CEO'S COMPENSATION IS DETERMINED BY THE UNM FOUNDATION BOARD OF	
TRUSTEES EXECUTIVE COMMITTEE, OTHER OFFICERS' AND KEY EMPLOYEES'	
COMPENSATION IS DETERMINED BY THE UNM FOUNDATION CEO WITHIN RANGES APPROVED 632212 08-25-16	Schedule O (Form 990 or 990-EZ) (2016)
	, , ,

Name of the organization UNIVERSITY OF NEW MEXICO FOUNDATION, INC	Employer identification number 85-0275408
. COST-TO-RAISE-A-DOLLAR GIVEN THE EXCLUSIONS/LIMITATIONS NOTED ABOVE.	
	
PODM 900 DARW V LIMPS 2 11 AND 12.	
FORM 990, PART X, LINES 2, 11 AND 12:	
ENDOWMENT ASSETS OF BOTH THE UNIVERSITY AND THE UNM FOUNDATION ARE HELD	
IN THE CONSOLIDATED INVESTMENT FUND, ENDOWMENT ASSETS OWNED BY THE	
UNIVERSITY (\$221,190,500) ARE NOT REPORTED ON THE UNM FOUNDATION'S FORM	· · · · · · · · · · · · · · · · · · ·
990. ENDOWMENT ASSETS OWNED BY THE UNM FOUNDATION (203,623,738) ARE	
REPORTED ON THE UNM FOUNDATION'S FORM 990, PART X LINES 2, 11 AND 12	
WITH ADDITIONAL DETAIL ON SCHEDULE D, PART VII.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS.	
ADJUSTMENT FOR ACTUARIAL LIABILITY OF ANNUITIES PAYABLE 284,952.	
	
	· · · · · · · · · · · · · · · · · · ·