Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2017

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

Dep Inter	artment of t mal Revenu	ne Treasury ≥ Service Go to www.irs.gov/Form990 for instructions and the la		n. X X	Inspection
Ā	For the	2017 calendar year, or tax year beginning July 1 , 2017, and 6	ending	June 30	, 20 18
В	Check if a	pplicable C Name of organization NMML Foundation, Inc.			er identification number
	Address o			7	85-6010718
	Name cha	nge Number and street (or P O box if mail is not delivered to street address) Roc	om/suite	E Telepho	ne number
	Initial retu	n 101 W. College Blvd.			(575)624-8035
	Final return	terminated City or town, state or province, country, and ZIP or foreign postal code		1	
	Amended	return Roswell, NM 88201	G Gross re	eceipts \$ 5,818,654	
	Application	pending F Name and address of principal officer	H(a) Is this	a group return for	subordinates? Yes Vo
		Same as "C" above	<i>-</i> 1		s included? Yes No
	Tax-exem	pt status			a list (see instructions)
<u>J</u>	Website:	www.nmmi.edu/foundation	H(c) Gro	oup exemption	number ► N/A
K	Form of or	ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of the Corporation ☐ Trust ☐ ☐	ormation 19	45 M State	of legal domicile NM
Р	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: The	ne mission of t	he NMMI Fo	undation, Inc.
S	1 9	Foundation) is to create, maintain and administer an endowment fund for the b	enefit of New N	lexico Milita	ry Institute (NMMI)
паг	1	o be used for research, scientific and literary purposes; and to promote genera	lly the growth,	welfare, and	i maintenance of NMMI
Activities & Governance		Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more th	nan 25,% of	its net assets.
ၓၟ	3 1	Number of voting members of the governing body (Part VI, line 1a)		. 3	12
≪ 5 ∽	1	Number of independent voting members of the governing body (Part VI, line	•	. 4	11
ij	5	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		. 5	2
ž	6	otal number of volunteers (estimate if necessary)		. 6	0
ĕ	7a ⁻	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
	b !	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0
			Prior	r Year	Current Year
ę	1	Contributions and grants (Part VIII, line 1h)	·	691,119	724,540
Revenue	1	Program service revenue (Part VIII, line 2g)		5,210	3,255
ě	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,503,782	2,288,356
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		385,460	305,585
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	2,585,571	3,321,736
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	·	1,468,845	1,538,660
	i	Benefits paid to or for members (Part IX, column (A), line 4)	·	0	0
es	L	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10))	212,154	207,236
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
Ϋ́	1	otal fundraising expenses (Part IX, column (D), line 25) ► 5,2	2		
_	1	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	·	337,360	302,460
		otal expenses. Add lines 13–17 (must equal Part IX, column (A) line 25)	•	2,018,359	2,048,356
	19	Revenue less expenses. Subtract line 18 from 12 VFD		567,212	1,273,380
ts or		Tatal assats (Bart V, Ivas 10)	Beginning of	Current Year	End of Year
Asse Bala	20	Total assets (Part X, line 16)	•	51,443,300	54,736,511
Net Assets or Fund Balances	21 22		•	777,980	812,017
	art II	Net assets or fund balances. Subtract line 21 from time 20	·	50,665,320	53,924,494
_	_				
		es of perjury, I declare that I have examined this return, including accompanying schedules and and complete Declaration of preparer (other than officer) is based on all information of which pr			ny knowledge and belief, it is
_				777	6/10
Sig	ın İ	Signature of officer		Date ///	<i>X//</i> §
He	- I			outo	
	.	Type or print name and title	EO		· · · · · · · · · · · · · · · · · · ·
_		Print/Type preparer's name Preparer's signature	Date		T . PTIN
Pa				Check self-em	_
	eparer		- I		
Us	e Only	Firm's name ► Firm's address ►		Firm's EIN ►	
Ma	v the IR	G discuss this return with the preparer shown above? (see instructions).		Phone no	Yes 🗸 No
_			Cat. No 11282Y		Form 990 (2017)
		······································	JUL, 190 112021		101111000 (2011)

Part*	
`	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	Create, maintain and administer an endowment fund for the benefit of New Mexico Military Institute (NMMI) to be used
	for research, scientific and literary purposes; for increasing the building, equipment and other facilities of NMMI, to
	provide for scholarships; and to promote generally the growth, welfare, and maintenance of NMMI
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 709,312 including grants of \$ 709,312) (Revenue \$ 0)
	The NMMI Foundation maintains over 100 endowed scholarship funds and over 25 annual donor scholarship funds for
	the benefit of NMMI cadets. Earnings from the endowments and annual donations are paid directly to NMMI to provide
	scholarships to NMMI cadets at the high school and junior college level. The scholarships have varying criteria specified
	by the donors; for example scholarships may include merit-based and/or need-based requirements. NMMI has established a
	Scholarship Committee that facilitates the fair and impartial granting of all scholarships in accordance with NMMI
	policies and procedures and donor stipulations.
	NMMI estimates that nearly 98% of cadets in the junior college program receive some form of financial assistance,
	which includes scholarship funding. Nearly 85% of the high school cadets receive some scholarship assistance.
	NMMI's maximum capacity is about 1,000 cadets. 453 cadets received scholarships from Foundation provided funds in
	the 2017-2018 school year. It is estimated that 475 cadets will receive scholarships during the 2018-2019 school year.
4b	(Code) (Expenses \$301,546 including grants of \$301,546) (Revenue \$0)
4b	The NMMI Foundation maintains approximately 20 endowments whereby earnings are used to fund NMMI Leadership
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Form 99	0'(2017)	1 4-		age 3
Part I	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	√	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

	90 (2017)			Page 4
Part	Checklist of Required Schedules (continued)			
	Did the eventual approach one or more beautiful facilities? If "Vee " complete Cabadida II		Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	N	√ /∧
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	<i>N</i> ,	(A_
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a.	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	\[\stack{\psi}{\psi} \]	KA KA
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a	ركم	A
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	35a 35b		\/A
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		√
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			

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

Part VI

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38

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 13	2 20 11	2, 17,	1: :
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0	5 11	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	3	12	10
	reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1000	4	5.3
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2 5	# 	75.7
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- 190 (- 190 (- 190 (4.5°	7.5
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	,,,	V
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	N	lA
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			,,,
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	✓	
b	If "Yes," enter the name of the foreign country: Caman Islands, East Asia and the Pacific	16.5		÷.,,,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			9
	(FBAR).	1.5	1.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N	IA
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	\mathcal{N}	A
7	Organizations that may receive deductible contributions under section 170(c).	515 A		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		73. ₇₄	. h.,. ,
	and services provided to the payor?	7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		√
d	If "Yes," indicate the number of Forms 8282 filed during the year	A上記	100 ACT	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N	KA_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	עק	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	A CONTRACTOR		
_	sponsoring organization have excess business holdings at any time during the year?	8	N	VA.
9	Sponsoring organizations maintaining donor advised funds.	27.52		N.T.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		(A)
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	/	/A
10	Section 501(c)(7) organizations. Enter	7.4	7. 19.	13.5
a	Initiation fees and capital contributions included on Part VIII, line 12	46.	307	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] N/A	A S	3.1	1725
11	Section 501(c)(12) organizations. Enter	100		3.0
a	Gross income from members or shareholders	A Second	1	3
b	Gross income from other sources (Do not net amounts due or paid to other sources	133		1
40-	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	M	A.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/.			100
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	· · ·	10
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	M	// /
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	$f_{\gamma_i}(i)$		13
D	the organization is licensed to issue qualified health plans	13.6		
	• • • • • • • • • • • • • • • • • • •	はし ジャーリディ	1 M. 194	

c Enter the amount of reserves on hand . . .

Did the organization receive any payments for indoor tanning services during the tax year? .

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

14a

13b

13c

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	tructi	ions
Cooti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	. 🔽
Secu	on 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 12	(2000)	- CT /	172701
ia	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Eng. 4	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<u> </u>	│
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	100 mg	· 第二	#
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	√	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	M	VA.
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Take 1	اران از شهد	1
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<u>√</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy?	1 34- 1	√ "65,000 20,000 20,000	7 - 7 - 18 19 - 7 - 18
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.2	المرابعة
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		题	
b	with a taxable entity during the year?	16a		経路
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	λ	A
$\overline{}$	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed CA KY MA MI MN NJ NM NY OF Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website	erest (policy	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Jimmy Barnes, President & CEO, 101 W. College Blvd.; Roswell, NM 88201; (575)624-8035	cords	>	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title (B) Average Position (do not check more than one bottless more than one bottless per low consists of the position of	Check this box it heither the organization hor	arry relate	u oig	ailiz	atio	יטווי	onipe	ΠŞα	ited any curren	it Officer, director	, or trustee
Color Name and Title					(0	C)			1		
Average Purpose Purp	(A)	(B)	/						(D)	(E)	(F)
Compensation Comp	Name and Title	Average							Reportable	Reportable	Estimated
Compensation Comp											
(1) Jesus Salazar Chairman 5 5 5 6 6 7 7 7 7 7 7 7 7			악교	sul	91	₹ e	en 문	Б			
(1) Jesus Salazar Chairman 5			direc	tıtut	icer	en	hes	mei			
(1) Jesus Salazar Chairman 5			tor l	ona		힣	e C	•	(W-2/1099-MISC)		
(1) Jesus Salazar Chairman 5			Sur	i t		yee	npe				
[1] Jesus Salazar Chairman 5 2521 Elfego Rd. NW, Albuquerque, NM 87107			ee	rstee			nsat				
2521 Elfego Rd. NW, Albuquerque, NM 87107							ě.				
2521 Elfego Rd. NW, Albuquerque, NM 87107	(4) Januar Calanana Channana	_									
(2) Steve Elliott Secretary 2		ļ <u>5</u>			,				1		
P.O. Box 1328; Santa Fe NM, 87504				-	'				. 0	. 0	0
(3) Harris Kerr Treasurer 2		<u> </u>	,		,						
1701 N. "L" Street, Midland, TX 79705-3027		-	-	┢	*	-		_	0	0	0
(4) James Solomon Immediate Past Chairman 2		22	,		,					1	
166 Sonterra Dr.; Alto, NM 88312				├	*				0	0	0
(5) Jimmy Barnes President & CEO		2	,		,						
101 W. College Blvd.; Roswell, NM 88201			· ·	├	~	-			0	0	0
(6) (7) Kenneth Barbe Member 1		40	,] ,	1	,				
(7) Kenneth Barbe Member 1			_	╙	V		/		96,434	0	0
P.O. Box 2107; Roswell, NM 88202-2107	(6)	 									
(8) Kevin O. Butler Member	(7) Kenneth Barbe Member	1		1							
P.O. Box 1171 Midland, TX 79702-1171	P.O. Box 2107; Roswell, NM 88202-2107		✓						0	0	
(9) Brad Christmas, NMMI Regent 1 P.O. Box 173; Wagon Mound, NM 87752 (10) MG Jerry Grizzle NMMI President & Ex-Offici 1 Non-Voting 101 W. College; Roswell, NM 88201 (11) Earl A. "Tres" Latimer Member 1 1908 W. 27th Street; Roswell, NM 88201 (12) Stirling Spencer, NMMI Regent 1 P.O. Box 36, Carrizozo, NM 88301 (13) David R. Vandiver Member 1 706 W. Quay; Artesia, NM 88210 (14) Joe M. Vicente Member, NMMI Regent App 1	(8) Kevin O. Butler Member	1									
P.O. Box 173; Wagon Mound, NM 87752	P.O. Box 1171 Midland, TX 79702-1171		✓						0	0	0
(10) MG Jerry Grizzle NMMI President & Ex-Offici 1 Non-Voting 101 W. College; Roswell, NM 88201 ✓ 0 0 (11) Earl A. "Tres" Latimer Member 1 1 1908 W. 27th Street; Roswell, NM 88201 ✓ 0 0 (12) Stirling Spencer, NMMI Regent 1 1 P.O. Box 36, Carrizozo, NM 88301 ✓ 0 0 0 (13) David R. Vandiver Member 1 0 0 0 706 W. Quay; Artesia, NM 88210 ✓ 0 0 0 (14) Joe M. Vicente Member, NMMI Regent App 1 1 0 0	(9) Brad Christmas, NMMI Regent	1									-
Non-Voting 101 W. College; Roswell, NM 88201 ✓ 0 0 0 (11) Earl A. "Tres" Latimer Member 1 0 0 0 1908 W. 27th Street; Roswell, NM 88201 ✓ 0 0 0 (12) Stirling Spencer, NMMI Regent 1 0 0 0 P.O. Box 36, Carrizozo, NM 88301 ✓ 0 0 0 (13) David R. Vandiver Member 1 0 0 0 706 W. Quay; Artesia, NM 88210 ✓ 0 0 0 (14) Joe M. Vicente Member, NMMI Regent App 1 0 0	P.O. Box 173; Wagon Mound, NM 87752		✓							0	o
(11) Earl A. "Tres" Latimer Member 1	(10) MG Jerry Grizzle NMMI President & Ex-Offici	1									
1908 W. 27th Street; Roswell, NM 88201	Non-Voting 101 W. College; Roswell, NM 88201		✓							0	0
(12) Stirling Spencer, NMMI Regent 1 P.O. Box 36, Carrizozo, NM 88301 ✓ 0 0 0 (13) David R. Vandiver Member 1 1 0 0 0 706 W. Quay; Artesia, NM 88210 ✓ 0 0 0 0 (14) Joe M. Vicente Member, NMMI Regent App 1 1 0 0 0	(11) Earl A. "Tres" Latimer Member	1									
P.O. Box 36, Carrizozo, NM 88301 ✓ 0 0 0 (13) David R. Vandiver Member 1 0 0 0 706 W. Quay; Artesia, NM 88210 ✓ 0 0 0 (14) Joe M. Vicente Member, NMMI Regent App 1 1 1	1908 W. 27th Street; Roswell, NM 88201		✓						0	0	0
(13) David R. Vandıver Member 1 706 W. Quay; Artesıa, NM 88210 ✓ 0 0 0 (14) Joe M. Vicente Member, NMMI Regent App 1	(12) Stirling Spencer, NMMI Regent	1									
706 W. Quay; Artesia, NM 88210	P.O. Box 36, Carrizozo, NM 88301	Ţ	✓							o o	l o
(14) Joe M. Vicente Member, NMMI Regent App 1	(13) David R. Vandıver Member	1									
(14) Joe M. Vicente Member, NMMI Regent App 1		T	✓						\ c	o o	l o
		1									
		T	✓							o o	l o

	(A) Name and title	(B) Average hours per week (list any	officer and a director/trus				is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation fro related	m	(F) Estimated amount of other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee for the organizations (W-2/1099-MISC) (W-2/1099-MISC)						fro orga and	ensation the nization related	n d
(15)										<u> </u>				
(16)				-										
(17)														
(18)						-					<u> </u>			
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(25)														
1b c d	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section	n A					* * *	96,434 0 96,434		0			0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited						e) w				f		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compensa	ated	3	Yes	No ·
4	For any individual listed on line 1a, is the organization and related organizations individual											4		·'
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi	dual	5		1
Section	on B. Independent Contractors	,, , , , , ,	<u></u>			100			odon pordon		•		1	
1	Complete this table for your five highest compensation from the organization Repear.													tax
	(A) Name and business add	dress	_						(B) Description of s	services	Co	(C) mpen		
	Total number of independent contractor	ors (includi		ut r			ted to	th	nose listed ab	ove) who .		1~		

	90 (2017	·			•	<u> </u>			Page 9
Part	VIII	Statement of Reve			anno or note to	a anu lina in this	Dort VIII		
		Check if Schedule O	Contains	a rest	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns	· · ·	1a		THE STATE OF THE S		ME STATES	
ons, Gifts, Grants Similar Amounts	b	Membership dues		1h					
	С	Fundraising events .		1c					
Gift Iar,	d	Related organizations		1d					
in i	С	Government grants (con		1e					
tior er S	f	All other contributions, gifts, grants,							
tributic Other		and similar amounts not inc	luded ahove	1f	724,540				
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions include		-1f \$	50,912		3.5 LX 12.5		
<u>8 0</u>	h	Total. Add lines 1a-1	f <u> </u>		<u> ▶</u>	724,540	还就是简明	THE STATE OF THE S	AND MARKETINE
Program Service Revenue	2a	Columbarium revenue			Business Code 900099	3,255	3,255		
_e B	b								
Servi	ď								
ä	е								
ogi	f	All other program sen							
<u> </u>	g	Total. Add lines 2a-2				3,255	於武功公司等	是他们的对象	THE CONTRACTOR
	3	Investment income and other similar amo	ounts) .		•	446,489			446,489
	4	Income from investmen	t of tax-exe	mpt bo	and proceeds >				
i	5	Royalties	(ı) Rea		>	186	Secure of Chical Chica	147-038 ⁰¹ = 43 - 57 - 807-17 - m	186
	١,			_	(ii) Personai				
	6a	Gross rents	- 2	91,081					
	b	Less rental expenses							A STATE OF THE STA
	C d	Rental income or (loss) Net rental income or		91,081	<u> </u>	W-11/2017	Was a file of the first was		
	7a	Gross amount from sales of	(i) Securi	ties	(ii) Other	291,081	SERVICE CONTRACTOR	TANK HENDERS	291,081
		assets other than inventory	<u> </u>	38,785					
	Ь	Less cost or other basis	,,,						
		and sales expenses .	2.4	96,918					
	С	Gain or (loss)		41,867					
	d	Net gain or (loss) .		, , , , , ,	•	1,841,867	North Chemic Resident	Appendication reserves and	1,841,867
4.									
Other IF.evenue	8a	Gross income from fu events (not including \$	undraising						
er Fe		of contributions reported See Part IV, line 18			r.				
)ŧ	b	Less: direct expenses	s.,	. b		阿斯曼尼亚			
	С	Net income or (loss) f	rom fundra	aising	events . ►				
	9a	Gross income from gassee Part IV, line 19 .	aming activ						
	b	Less: direct expenses							
	С	Net income or (loss) f			vities ▶				
	10a	Gross sales of in							
		returns and allowance		· a					
	b	Less cost of goods s Net income or (loss) f			L	TO DESCRIPTION OF		AND THE SECOND STREET	ESSECUTIVAÇÃO PA
	c	Miscellaneous F		- 11171	Business Code	RENTERING TOWN TO	Magan Santa Assass	清江市高温春河沿岭 岛	· · · · · · · · · · · · · · · · · · ·
	11a	Increase in Cash Value		ur	900099	14,201	14,201	MESTERS SEEDER	是一种的一种。 11年 - 11年 - 11
	b	Miscellaneous			900099	14,20	T		
-	С								
	d	All other revenue .							
	e	Total. Add lines 11a-			>	14,318	8 门州沿江		Talker Transfer
	1 12	Total revenue, See ii	nstructions		•	2 224 726	17 572		2 570 622

Form 990 (2017) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column	Section :	501(c)(3) a	nd 501(c)(4)	organizations must	t complete all columns	All other organizations mus	t complete column (
---	-----------	-------------	--------------	--------------------	------------------------	-----------------------------	---------------------

	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b,	se or note to any lu (A) Total expenses	ne in this Part IX . (B) Program service	(C) Management and	(D) Fundraising
	, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,481,454	1,481,454		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	57,206	57,206		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	101,904		必要を見るできた 101,904	The state of the s
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	50,021		50,021	
_	section 401(k) and 403(b) employer contributions)	21,281		21,281	
9	Other employee benefits	23,252		23,252	
10	Payroll taxes	10,778		10,778	
11	Fees for services (non-employees)				
a	Management		. <u></u> .		
b	Legal	6,260		6,260	
c d	Accounting	6,851 10,900		6,851	
e	Professional fundraising services See Part IV, line 17	10,900		E MARCHETTAN AVS	
f	Investment management fees	153,976			
g	Other (If line 11g amount exceeds 10% of line 25, column	100,010	107,700	40,100	
•	(A) amount, list line 11g expenses on Schedule O) .	6,863	1,611		5,252
12	Advertising and promotion				
13	Office expenses	10,663		10,663	
14	Information technology	4,056		4,056	
15	Royalties				
16	Occupancy	540		540	
17	Travel	173		173	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,378		1,378	
20	Interest				
21 22	Payments to affiliates			- 244	
23	Insurance	311 18,457		311 18,457	
24	Other expenses. Itemize expenses not covered	10,457	The transfer of the	10,457	ET OF THE PARTY OF
24	above (List miscellaneous expenses in line 24e If				第一个人,
	line 24e amount exceeds 10% of line 25, column	THE ROLL TO STATE		医整定素等	
	(A) amount, list line 24e expenses on Schedule O)	建设是新疆公里	ALL SAN STAN	图 设置设置	[整][[整][[]]
а	Donor Life Insurance Program	48,840	48,840		
b	Property Taxes and Maintenance	22,303		22,303	
С	Staff and Faculty Support	9,686	9,686		
d	Columbarium Expense	1,203		1,203	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,048,356	1,717,480	325,624	5,252
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

Part X Balance Sheet

	,	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
\neg	1	Cash—non-interest-bearing	145,313	1	170,424
	2	Savings and temporary cash investments	532,471		427,544
	3	Pledges and grants receivable, net	360,954	_	327,583
	4	Accounts receivable, net	6,639		1,685
	5	Loans and other receivables from current and former officers, directors,	证证是100000000000000000000000000000000000	3000	ができる。 では、 では、 では、 では、 では、 では、 では、 では、
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use		8	
ı	9	Prepaid expenses and deferred charges	3,718	9	3,041
	10a	Land, buildings, and equipment. cost or	(2) (2) (2) (2)	-137	THE WARREN
		other basis Complete Part VI of Schedule D 10a 3,825,672			
	þ	Less. accumulated depreciation	3,807,522	10c	3,809,282
	11	Investments—publicly traded securities	13,153,293	11	13,823,126
- 1	12	Investments—other securities. See Part IV, line 11	31,932,331	12	34,587,226
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	L	14	
- 1	15	Other assets See Part IV, line 11	1,501,059	15	1,586,600
	16	Total assets. Add lines 1 through 15 (must equal line 34)	51,443,300	16	54,736,511
	17	Accounts payable and accrued expenses	385,292	-	407,021
	18	Grants payable		18	
	19	Deferred revenue	392,688		404,996
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	Cante from whoma, with transce	21	Emiliano de la composición de la como de la
Liabilities	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	
اڌ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	1
	26	Total liabilities. Add lines 17 through 25	777,980		812,017
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		1.20 A	
5	27	Unrestricted net assets	18,064,602		19,198,425
als	28	Temporarily restricted net assets	12,525,346		14,270,363
9	29	Permanently restricted net assets	20,075,372	•	20,455,706
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Net Assets	33	Total net assets or fund balances	50,665,320	33	53,924,494
	34	Total liabilities and net assets/fund balances	51,443,300	34	54,736,511

Part	XI Reconciliation of Net Assets			_
•	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	[
1	Total revenue (must equal Part VIII, column (A), line 12)		3,321,7	136
2	Total expenses (must equal Part IX, column (A), line 25)	 	2,048,3	<u> 356</u>
3	Revenue less expenses. Subtract line 2 from line 1		1,273,3	<u> 380</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		50,665,3	320
5	Net unrealized gains (losses) on investments		1,985,7	<u> 194</u>
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		53,924,4	<u> 194</u>
Part	XII Financial Statements and Reporting		,	_
	Check if Schedule O contains a response or note to any line in this Part XII		· · l	ᆜ
	• · · · · · · · · · · · · · · · · · · ·		Yes N	lo
1	Accounting method used to prepare the Form 990 Cash Accrual Other	7:	- +	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	33.		
0-		2a	· ,	, .
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	Za	- '	
	reviewed on a separate basis, consolidated basis, or both	$ \cdot $		
	Separate basis Consolidated basis Both consolidated and separate basis	3) ·	
h	Were the organization's financial statements audited by an independent accountant?	2b	1	
D.	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		, ,	
	separate basis, consolidated basis, or both	` >		34
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			- 7
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	~ 4		4. /
_	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in		-	_
	Schedule O.		. -	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	NA	}
b			,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	NA	_
		Forn	n 990 (20	017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

2017 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name	of the organization		···			Employer identification	number
	Foundation, Inc.		·				10718
Par							ns.
The c 1 2 3 4	irganization is not a private foundation of church, convention of church. A school described in section. A hospital or a cooperative ho. A medical research organization hospital's name, city, and state.	hes, or associati 170(b)(1)(A)(ii). spital service org on operated in co	ion of churches descri (Attach Schedule E (F ganization described i	bed in se orm 990 n section	ection 17 or 990-Ei n 170(b)(1	O(b)(1)(A)(i). Z).) I)(A)(iii).	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup te Part II.)	port from			n the general public
8 9	☐ A community trust described in ☐ An agricultural research organ or university or a non-land-grauniversity	ization described	d in section 170(b)(1)	(A)(ix) op	erated in or the nan	conjunction with a l ne, city, and state of	and-grant college the college or
10 11	☐ An organization that normally receipts from activities related support from gross investmen acquired by the organization a ☐ An organization organized and	to its exempt fu t income and un ifter June 30, 19	inctions—subject to c related business taxal 75. See section 509(a	ertain exc ble incom a)(2). (Cor	ceptions, ne (less so nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33 ¹ /3% of its
12	An organization organized and of one or more publicly support Check the box in lines 12a through	operated exclusorted organization ough 12d that de	sively for the benefit one described in sections described in sections the type of sur	f, to perfo ion 509(a oporting o	orm the full (1) or second	unctions of, or to car ection 509(a)(2). Se on and complete line	e section 509(a)(3). es 12e, 12f, and 12g.
a	Type I. A supporting organization supporting organization. Y	n(s) the power to ou must compl	regularly appoint or e ete Part IV, Sections	lect a ma	ijority of t	he directors or trust	ees of the
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	organization vested in IV, Sections A and C	the same	persons	that control or man	age the supported
С	Type III functionally integrals supported organization	(s) (see instructio	ons). You must comp	lete Part	IV, Secti	ons A, D, and E.	
d	☐ Type III non-functionally that is not functionally inte requirement (see instructional functional functions).	grated. The orga	inization generally mu	st satisfy	a distribi	ition requirement an	
e	Check this box if the organ functionally integrated, or	Type III non-fund	a written determination at a written determination at a written determination at a written at the control of th	on from tl oporting (ne IRS th organizat	at it is a Type I, Type ion	e II, Type III
f	Enter the number of supported Provide the following information						
<u>g</u>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the c	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota		- 5 - m -		-	 		

Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,058,301	1,170,806	708,565	691,119	724,540	5,353,331
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	2,038,301	1,170,800	708,303	091,113	724,340	3,333,331
3	The value of services or facilities furnished by a governmental unit to the organization without charge	4,000	4,000	4,000	4,000	4,000	20,000
4	Total. Add lines 1 through 3	2,062,301	1,174,806	712,565		<u> </u>	5,373,331
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,789,433
6	Public support. Subtract line 5 from line 4	建設共產黨	SERVICE STREET	国际建设公 为	CEPPONE TO	TOWN / CON	3,583,898
Secti	on B. Total Support				<u> </u>		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2,062,301	1,174,806	712,565	695,119	728,540	5,373,331
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	720 000	022.024	005 000	772.042	707.750	4.004.453
9	Net income from unrelated business activities, whether or not the business	730,690	833,924	925,280	773,812	737,756	4,001,462
	is regularly carried on	0	0	0	0	0	o
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	400	4,522	20	107	117	5,166
11	Total support. Add lines 7 through 10	在的問題	の意思を表示数		1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"李明" 计模型	9,379,959
12	Gross receipts from related activities, etc					12	219,338
13	First five years. If the Form 990 is for the	-			•		
	organization, check this box and stop he				<u> </u>		<u>></u> 🗀
	on C. Computation of Public Suppo					, , , , , , , , , , , , , , , , , , , 	
14	Public support percentage for 2017 (line					14	38.21 %
15	Public support percentage from 2016 Sc 331/3% support test—2017. If the organ					15	38 79 %
iva	box and stop here. The organization qua						Check this
b	331/3% support test—2016. If the organ	•		•			_
	this box and stop here . The organization					13 00 /3/0 01 11	. D
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	017. If the org	anization did n	not check a bo ances" test, cl	x on line 13, 1 heck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the meets the "fac	ne "facts-and-dits-and-circum	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization d				a, or 17b, chec	k this box and	see

Part							/
•	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	<u>II.) / /</u>	//A
	on A. Public Support						
Calen 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	/(e) 2017	(f) Total
'	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 .		/	y 			
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						
С	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from line 6.)		//				
Secti	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in)	(a) 2013 /	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
С	Add lines 10a and 10b	<u> </u>					
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) /		ļ				
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	L	l n's first secon	d third fourth	or fifth tax v	ear as a section	501(c)(3)
• •	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line	. <u> </u>		3, column (f))		15	%
16	Public support percentage from 2016 Sci					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2017 (17	%
18	Investment income percentage from 2016					18	%
, 19a	331/3% support tests—2017. If the organ 17 is not more than 331/3%, check this box						
h-	331/3% support tests—2016. If the organization					-	
/	line 18 is not more than 331/3%, check this						
ົ າດ	Private foundation If the organization de		_	•	•	• • • • • • • • • • • • • • • • • • • •	

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	<u>.) N</u>	<i>[H</i>]
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Carried St.	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	£11.1	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		1.5
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	4a		- 128 + 4
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	1500	
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.	40		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	12 13 m	řI
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		Control of the second
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)	30 m	THE	FEE.
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	3	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с	Harton C	
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	10a		T.T.
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	550.5	15.79	3990

determine whether the organization had excess business holdings)

10b

	e A (Form 990 or 990-EZ) 2017		1	Page 5
Part	Supporting Organizations (continued)			
	the the appropriate and the first the form of the falls o	A634.4	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	Sec. 3.	i i i i i
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	on B. Type I Supporting Organizations	110		L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	e Acido		1377
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	4		100
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	2.3	1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	42.5	ŶŒ
2	Did the organization operate for the benefit of any supported organization other than the supported	1	# S	2
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1.3		1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	T.		3.2
	supervised, or controlled the supporting organization	2		L
Section	on C. Type II Supporting Organizations			
_		267.180	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	130
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	1	الكريك لله	35.6
Section	on D. All Type III Supporting Organizations			L
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	247	V(2)	,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	153	37, 39	5.5
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1000	100	2
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	57	3	素意
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	767 . 4	1 - 1 -
3	By reason of the relationship described in (2), did the organization's supported organizations have a			14.4
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.			125.50
Secti	on E. Type III Functionally Integrated Supporting Organizations	3	L	l
			_4:	ــا
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	cuon	S)
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(see in	struci	tions)
2	Activities Test. Answer (a) and (b) below.	(000	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	12.27		2.50
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			10.00
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	337
	how the organization was responsive to those supported organizations, and how the organization determined			2
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	W 3,773	66	2.32
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1000	31363	4
	reasons for the organization's position that its supported organization(s) would have engaged in these	ESE	1	应逐
	activities but for the organization's involvement	2b	<u> </u>	L
3	Parent of Supported Organizations. Answer (a) and (b) below.		額等	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			Earth.
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
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	3h		¥.0.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations ////	<i>H</i>
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	:	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	3		學是如何的
factors (explain in detail in Part VI)	1	的特別包括學的自然的	计划的数据
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	1 -		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	NAME OF THE PARTY	. "
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE CONTROL OF THE PARTY OF THE	
4 Enter greater of line 2 or line 3.	4	DESTRUCTION OF THE PARTY	
5 Income tax imposed in prior year	5	丁克尔 经银行公司 高级 医电路	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	†	THE THE PETRONS	
emergency temporary reduction (see instructions).	6	"是我们是我们的	
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	organization (see
instructions).	•	3, 1, 2, 3, 1, 2, 3, 1, 1	, , , , ,

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	NA
Seċti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part Vi). See instructions.	h the organization is res	sponsive	,
9	Distributable amount for 2017 from Section C, line 6	, ,		
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Details table and the control of the	12.4 Volt 262 MC 02.6 (2.2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	EM Y CAMP POWERS A TAKETON	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	The state of the second	·公司的第一次的第一个	「現在のである。」 大学
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See			
	instructions.		are the state from the second control of a second second	
3	Excess distributions carryover, if any, to 2017			
a	经验证证据的证据的证据的证据的证据的证据			
b	From 2013			The Table of the State of the S
С	From 2014			
d	From 2015			
С	From 2016		20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	
f_	Total of lines 3a through e	Course to the course of the course of the		
<u>g</u>	Applied to underdistributions of prior years		mak we the . Howell's is the set the second of the second	
<u>h</u>	Applied to 2017 distributable amount			Linder 1.101 - Walter Factor Moreovich
<u> </u>	Carryover from 2012 not applied (see instructions)	THE STATE OF THE S		ACCEPTANCE OF A COLOR
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	. The Third State of Control of Control	THE STATE OF THE S	THE STATE OF THE S
4	Distributions for 2017 from			
	Section D, line 7 \$	The state of the s		The state of the s
<u>a</u>	Applied to underdistributions of prior years	Contraction of the Contraction	28 - 28-1270 1 77 ALEN MILLON PER CARE &	A STATE OF THE STA
b	Applied to 2017 distributable amount	是多数的数据的		and the complete of the control of t
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	CHAIN - THE FAME AND THE MENT WAS		
		報理所は 46選べのなべの 3年14の7m	Marting School and and season	STATE STATE STATE OF THE STATE
8	Breakdown of line 7	THE TREE TO SECURE THE PROPERTY OF THE PROPERT	TO THE POST OF THE PROPERTY OF THE PARTY OF	10年度 10年 10日
<u>a</u>	Excess from 2013			
b	Excess from 2014	Designation of the second		LAN TO A STATE OF THE STATE OF
C	Excoss from 2015	THE STREET OF THE PARTY OF THE		CONTRACTOR STATES
<u>d</u>	Excess from 2016	SHOW THE PARTY OF		THE REPORT OF THE PARTY AND ADDRESS OF
<u> </u>	Excess from 2017 ·	1945 114 - 福村市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市	THE PROPERTY OF THE PARTY OF TH	The way including the many of the case of

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II; Line	: 10; Other Income
2013 - \$400	miscellaneous
2014 - \$4,5	22 miscellaneous
2015 - \$20	miscellaneous
2016 - \$107	miscellaneous
2017 - \$117	miscellaneous
	·
	······································
	
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	······································
	······································

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

	ee separate instructions), th		,, (000 00 po	,	,,,,
	ection 501(c)(4), (5), or (6) orga	nizations Complete Part III		Frankriania	national and a second a second and a second
	of organization			Employer ide	ntification number
	Foundation, Inc.			V au is a speciary 507	85-6010718
Part		e organization is exempt unde			
1 2	definition of "political cam	the organization's direct and inc npaign activities") y expenditures (see instructions).	·	. •	
3		cal campaign activities (see instruc			
Part		e organization is exempt unde			NIA
1		excise tax incurred by the organiza			\$
2		excise tax incurred by organization			\$
3		ed a section 4955 tax, did it file For			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 unde	er section 501(d	c), except section 50	1(c)(3). N/A
1	Enter the amount directly	ly expended by the filing organiz	ation for section	527 exempt function	
	activities				5
2		filing organization's funds contrib		anizations for section	
	•	vities		· · · · · · · · · · · · · · · · · · ·	
3	•	expenditures. Add lines 1 and 2.			•
	line 17b)
4		file Form 1120-POL for this year			
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, on tributions received that were pro- fund or a political action committe	enter the amount property	paid from the filing orgai delivered to a separate	nization's funds. Also enter political organization, such
	(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-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

SCH	edule C (Form 990 or 990-EZ) 2017					Page ∠
_	rt II-A Complete if the organization section 501(h)).				A/JF	9
Α	Check ► ☐ if the filing organization belong address, EIN, expenses, and s		filiated group member's name,			
В	Check ► ☐ If the filing organization checked	ed box A and "	limited control" pr	ovisions apply.		
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts	paid or incurred.)	,	organization's totals	group totals
1	a Total lobbying expenditures to influence p	oublic opinion	grass roots lobby	ıng)		
	b Total lobbying expenditures to influence a	a legislative bo	dy (direct lobbying	g)		
	c Total lobbying expenditures (add lines 1a	and 1b) .				
	d Other exempt purpose expenditures					_
	e Total exempt purpose expenditures (add	lines 1c and 1c	d)			
	f Lobbying nontaxable amount. Enter the columns.	ne amount fr	om the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:	ACCOUNTS THE	A CONTRACTOR
	Not over \$500,000	20% of the am	ount on line 1e.			新华州
	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 \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000		A Comment of the Comm
	Over \$17,000,000	\$1,000,000				The same
	g Grassroots nontaxable amount (enter 259	% of line 1f)				
	h Subtract line 1g from line 1a. If zero or les	ss, enter -0-				
	i Subtract line 1f from line 1c. If zero or les	s, enter -0-				
	j If there is an amount other than zero of	on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year?		<u> </u>			∐ Yes ∐ No
	(Some organizations that made a sec	tion 501(h) ele	Period Under sec ection do not have uctions for lines	e to complete all	of the five colum	ns below.
	Lobbying	Expenditures	During 4-Year Av	veraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))			TENESTA H	建筑	
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))		Table Florida			
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

	(election under section 501(h)).	(;	a)	(b)
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed phiton of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		√	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_	✓	
С	Media advertisements?		✓	
d	Mailings to members, legislators, or the public?		1	
е	Publications, or published or broadcast statements?		/	
f	Grants to other organizations for lobbying purposes?	<u>√</u>		10,900
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h ;	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		1	
		- 124-34	34.	10,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1 19.7		10,900
b	If "Yes," enter the amount of any tax incurred under section 4912	Park C	rings.	N/A
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ASSE	1. A. A.	N/A
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	N	In	ATTENDED TO
Part		(5),	or se	ction
	501(c)(6).			N/A
	N/			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?	•	•	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OI answered "Yes."			
1	Dues, assessments and similar amounts from members		1	, ,
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	TEN 加拉	M
a	Current year		2a	
b	Carryover from last year	•	2b	
C	Total	•	2c	
4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby		3	
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Par			1	.L.
	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounstructions), and Part II-B, line 1. Also, complete this part for any additional information.	ıp lıs	t), Pa	rt II-A, lines 1 and
	R. Line 1f. Grants to Other Organizations for Lobbying Expenses			
	b, Line 11 - Grants to Other Organizations for Loubying Expenses			,
The F	undation provided funds to the 2018 G.O. Bonds for Higher Ed organization for the 2018 G.O. Bond campa	aign.		
				·
	·			

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name o	f the organization				Employer identification number
NMMI I	Foundation, Inc.				85-6010718
Par	Organizations Maintainin Complete if the organization	-	"Yes" on Form 990, Part	IV, line 6.	N/A
			(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to				
3	Aggregate value of grants from (duri				
4	Aggregate value at end of year				
5	Did the organization inform all don funds are the organization's propert				
6	Did the organization inform all grant only for charitable purposes and no conferring impermissible private ber	ot for the bene	fit of the donor or donor ad	lvisor, or fo	or any other purpose
Par	Conservation Easements Complete if the organization		"Yes" on Form 990, Part	IV, line 7.	NA
1	Purpose(s) of conservation easemer				
	☐ Preservation of land for public us	se (e.g., recrea	ation or education) 🔲 Pres	ervation of	a historically important land area
	☐ Protection of natural habitat		· ·		a certified historic structure
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the	organization h	eld a qualified conservation	contributio	n in the form of a conservation
	easement on the last day of the tax	year.			Held at the End of the Tax Year
а	Total number of conservation easen	nents	<i></i>		. 2a
b	Total acreage restricted by conserva		ts		. 2b
С	Number of conservation easements				
d	Number of conservation easement historic structure listed in the Nation	ts included in	(c) acquired after 7/25/06,	, and not o	
3	Number of conservation easements tax year ►	modified, tran	nsferred, released, extinguish	ned, or term	ninated by the organization during the
4	Number of states where property su	ibject to conse	ervation easement is located	>	
5	Does the organization have a wriviolations, and enforcement of the c				
6	Staff and volunteer hours devoted to mo	onitoring, inspec	cting, handling of violations, and	d enforcing o	conservation easements during the year
7	Amount of expenses incurred in moni \$\Bigs\$\$	toring, inspecti	ng, handling of violations, and	d enforcing o	conservation easements during the year
8	Does each conservation easement rand section 170(h)(4)(B)(ii)?				section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organi balance sheet, and include, if applic organization's accounting for conse	able, the text	of the footnote to the organi		and expense statement, and ancial statements that describes the
Par	Organizations Maintainin Complete if the organization	g Collection	ns of Art, Historical Trea	-	Other Similar Assets.
1a					revenue statement and balance sheet
,,		or other simila	r assets held for public ext	hibition, ed	ucation, or research in furtherance of
b	works of art, historical treasures, of public service, provide the following	or other simila j amounts rela	r assets held for public ext ting to these items	hibition, ed	revenue statement and balance sheet ucation, or research in furtherance of
	(i) Revenue included on Form 990,	Part VIII, line 1	·		▶ \$ 0
	(ii) Assets included in Form 990, Pa	rt X			▶ \$ <u>0</u>
2	If the organization received or held following amounts required to be re	d works of an	t, historical treasures, or ot	her sımilar	assets for financial gain, provide the
а	Revenue included on Form 990, Pai				
h	Assets included in Form 990 Part X		•		

Part	Organizations Maintaining	Collections of A	art, Historica	Treasures	<u>, or Ot</u>	her Similar Ass	ets (continued)
3.	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, ch	eck any of th	ne follow	ving that are a sig	inificant use of its
а	✓ Public exhibition		d 🗌 Lo	an or exchan	ge progi	rams	
b	☐ Scholarly research		e 🗌 Oti	ner			
С	☐ Preservation for future generations	;					
4	Provide a description of the organizat XIII.	ion's collections a	nd explain hov	they further	the org	anızatıon's exem	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						✓ Yes □ No
Part							
	Complete if the organization 990, Part X, line 21.					•	NIA
1a	Is the organization an agent, trustee, included on Form 990, Part X?					other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following	table		An	nount
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f	, .	
2a	Did the organization include an amour					•	Yes No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explana	ion has been	provide	ed on Part XIII	<u> 📙 </u>
Par		1 (157)			40		
	Complete if the organization	(a) Current year	(b) Prior year	c) Two yea		(d) Three years head	(e) Four years back
4	Decision of war balance						
1a	Beginning of year balance	32,600,718	29,203,6		773,597		
b c	Net investment earnings, gains, and	724,540	691,1	19	698,565	1,170,806	1,056,801
C	losses	2,897,610	4 100 1	30 /	720 227	004.050	4 250 460
d	Grants or scholarships	(709,312)	<u>4,189,1</u> (715,4		728,327) 371,717)	884,056 (701,433)	
e	Other expenditures for facilities and	(703,312)	(/13,4	(6	,,,,,,,,	(701,433)	(001,303)
	programs	(787,484)	(767,8) (e	668,430)	(700,495)	(663,744)
f	Administrative expenses	(101)	(, , , , ,	((, , , , , , , ,	1 1
g	End of year balance	34,726,072	32,600,7	18 29,	203,688	30,773,597	30,120,663
2	Provide the estimated percentage of t		d balance (line				
а	Board designated or quasi-endowmer	nt 🕨	0%				
b	Permanent endowment >	41%					
С	Temporarily restricted endowment						
_	The percentages on lines 2a, 2b, and						
За	Are there endowment funds not in the	e possession of th	e organization	that are held	and ad	ministered for the	
	organization by						Yes No
	(i) unrelated organizations						3a(i) ✓
h	(ii) related organizations						3a(ii) /
b 4	Describe in Part XIII the intended uses	•	•		• •		SD W//A
Pari			5 Chaowiner	. 101103	· · ·		·
T GIT	Complete if the organization		' on Form 990) Part IV lin	e 11a	See Form 990 I	Part X line 10.
	Description of property	(a) Cost or oth	her basis (b) Co	st or other basis (other)	(c)	Accumulated epreciation	(d) Book value
1a	Land	.	3,614,357		·		3,614,357
b	Buildings		193,165		, , , ,		193,165
c	Leasehold improvements						,
d	Equipment			18,150		16,390	1,760
е	Other				L		
Total	Add lines 1a through 1e (Column (d) n	nust aqual Form 90	On Part Y colu	mn (P) Jino 1	001		2 800 282

Part VII	Investments – Other Securities.	000 Port IV III	- 11h C Farm	OOO Doot V live 10
	Complete if the organization answered "Yes" on Fo	T	1	
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial	derivatives			
	neld equity interests			
	llington Funds-Research Equity, Archipelago, MCap, Energies	16,566,505	End of Fiscal Year	Market Value
^(A) GQG P	artners and Kabouter International Funds	4,110,047	End of Fiscal Year	Market Value
(B) Maveri	ck Stable Fund and Archstone Absolute Return Funds	2,226,857	End of Fiscal Year	Market Value
(C) Davids	on Kempner, RIDA, Fortress Partners Absolute Return Funds	2,227,319	End of Fiscal Year	Market Value
(D) IR&M C	Core Bond Fund II, LLC	2,754,087	End of Fiscal Year	Market Value
^(E) Indus S	Select International Fund	1,899,206	End of Fiscal Year	Market Value
^(F) Rock S	prings Capital Small Cap Fund	1,968,978	End of Fiscal Year	Market Value
(G) Newpo	rt Asia Institutional Fund LP	1,977,558	End of Fiscal Year	Market Value
^(H) Canyor	n Distressed, Golub Capital - Private Credit/Opportunistic	856,669	End of Fiscal Year	Market Value
Total. (Column (b	b) must equal Form 990, Part X, col. (B) line 12.) ▶	34,587,226	"我是法得出5%	化对称分子的 经分别
Part VIII	Investments - Program Related.			·
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		hod of valuation -of-year market value
(1)				
(1)				
(2)				
(3)				
(4)			<u> </u>	
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	h) must acreal Form 000. Part V and (D) Irra 10.)		Shar of west before	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b) must equal Form 990, Part X, col (B) line 13)	0	表点,如此一种的"""。(P. 19)	and the second
Part IX	Other Assets.	wm 000 Dort IV Ivo	a 11d Caa Farm	000 Doub V Ilian 15
	Complete if the organization answered "Yes" on Fo	onn 990, Part IV, III	e 11a. See Form	(b) Book value
(4) 61-1-1-1				
	ook - "Excerpts From My Sketchbook - 1944" by Peter Hurd			50,000
	f Gilbert Cain Art			34,830
	al Interest in Perpetual Trust with Albuquerque Community Fo	undation		745,141
	rrender of Life Insurance Policies		 	756,629
(5)				
(6)	·			<u>-</u>
(7)				-
(8)				
(9)	(1)	<u></u>		
	mn (b) must equal Form 990, Part X, col (B) line 15) .	· · · ·	<u> ▶ </u>	1,586,600
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
	line 25.	· · · · · · · · · · · · · · · · · · ·		
1.	(a) Description of liability (b) Book value			
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(ර)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	r uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization	n's financial stateme	ents that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). Ch			

Part				Returi	n.
	Complete if the organization answered "Yes" on Form 990, F	art IV	v, line 12a.	- 4	
1	Total revenue, gains, and other support per audited financial statements	•		1	5,160,554
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ایما		15.	
a	Net unrealized gains (losses) on investments	2a 2b	1,985,794	. (
b	Donated services and use of facilities	2c	4,000		
c d	Recoveries of prior year grants	2d	2.000		
e	Add lines 2a through 2d		3,000	2e	1 002 704
3	Subtract line 2e from line 1			3	1,992,794
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	 I I		-	3,167,760
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	153,976	, ,	
b	Other (Describe in Part XIII.)		133,370		
C	Add lines 4a and 4b			4c	153,976
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,321,736
Part					urn.
	Complete if the organization answered "Yes" on Form 990, F				
1	Total expenses and losses per audited financial statements		· ,	1	1,901,380
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• •			1,501,500
a	Donated services and use of facilities	2a	4,000	٠. ا	
b	Prior year adjustments	2b	4,000	.	
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,000	` :	
e	Add lines 2a through 2d			2e	7.000
3	Subtract line 2e from line 1			3	1,894,380
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			- ;	1/50 1/000
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	153,976	2.	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	153,976
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,048,356
Part	XIII Supplemental Information.			, ,	
Provid	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, P	art IV, lines 1b and 2b	; Part \	V, line 4, Part X, line
2; Par	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	format	ion.
PART	III, Line 4 - The NMMI Foundation received on December 22, 1999 a donation of	a ske	tchbook entitled "Exce	rpts	
From I	My Sketchbook - 1944" by Peter Hurd. The sketchbook was appraised at \$50,00	00. In	accordance with the de	onor's	
wishes	the sketchbook is displayed in the NMMI Toles Learning Center where it is pro	operly	maintained, preserved	and	
• • • • • • • • • • • • • • • • • • • •					
protec	ted from fire, theft, vandalism and other elements Peter Hurd, a very promine	nt artis	st, was a Life Magazine	war	
corres	pondent when he did the sketchbook. Acquisition and display of this book fur	thers	the Foundation's exem	pt	
purpo	se of supporting the educational mission of NMMI.				
•••					
•					
•••••					

Part XIII Suppl	emental Information (continued)
Part V, Line 4 - NMMI	Foundation endowment funds are invested in perpetuity to provide financial support for NMMI
projects and program	s. Projects and programs include cadet scholarships, leadership center activities,
professorships and c	hairs, academic excellence programs, athletic programs and other programs that promote the
growth, welfare and n	naintenance of NMMI.
Part XI; Line 2d Other	- Amounts included on line 1 but not on Form 990, Part VIII, line 12.
Interfund transfer	3,000
Total	3,000
Part XII; Line 2d Othe	r - Amounts included on line 1 but not on Form 990, Part IX, line 25.
Interfund transfer	3,000
Total	3,000
	<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.

OMB No 1545-0047

Open to Public

 $\overline{\mathsf{N}}$

► Attach to Form 990.

	evenue Service	► G	io to <i>www.irs.</i>	gov/Form990 f	or instructions and the latest	information.	Inspection
ame of	the organization					Employ	er identification number
	oundation, Inc.			0	W- 11-11-101		85-6010718
Part		I Information 0, Part IV, line		es Outside	the United States. Comp	plete if the organization	answered "Yes" on
1					ords to substantiate the amo		
		e grantees elig stance?			sistance, and the selection	criteria used to award	· Yes No
	3	-					·1e3140
2		kers. Describe tside the Unite		he organizati	on's procedures for monit	oring the use of its g	rants and other
3	Activities per l	Region. (The fo	llowing Part I	l, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Regio	n -	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) i a program service, describe specific type of service(s) in the region	expenditures for
(1) C	entral America/	/Carıbbean	N/A	N/A	Investments	N/A	10,537,821
(2) -							_
(2) E	ast Asia and th	e Pacific	N/A	N/A	Investments	N/A	4,311,569
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(1 7) (15)							
(19)							· · · · · · ·
(16)							
(17)							
3a	Sub-total .				每二周原料的基础管理 。	A STATE OF THE PARTY OF THE PAR	14,849,390
b	Total from sheets to Part						

c Totals (add lines 3a and 3b)

14,849,390

Page Ż

Schedule F (F	Page 2
PartII	Grants and Other Assistance to Organizations
	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															
(f) Manner of cash disbursement															
(e) Amount of cash grant															
(d) Purpose of grant															
(c) Region													;		
(b) IRS code section and EIN (if applicable)	注意	では、			では、	· · · · · · · · · · · · · · · · · · ·	のは、	が変える		のでは、			が変える		(学者)
1 (a) Name of organization	200	CONTRACTOR OF THE PROPERTY OF	4)	文学的发展。 1000年 1000年 100	(9)		(8)	文·首部大学一张学生在新兴大多	(10)	の できる なっぱん はっぱん はっぱん はっぱん はっぱん はっぱん はっぱん はっぱん は	(12)	(13)	14. Sept. 1.	(15)	

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 N

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2017

Page 3

Schedule F (Form 990) 2017

Part III Grants and Other As	Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	als Outside the is needed.	he United States	. Complete if the	organization answ	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Ime 16. Part III can be duplicated if additional space is needed.), Part IV, Ime 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2017

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

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Partl

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

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

▶ Attach to Form 990

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 80

Open to Public Inspection

° □

Employer identification number ✓ Yes 85-6010718 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? General Information on Grants and Assistance NMMI Foundation, Inc. Vame of the organization

Institutional Advancement NMMI Scholarship Funds Recruiting & Admissions Leadership Center Ops Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Faculty/Staff Support Academic Programs Organ Maintenance Chaplain Programs Athletic Programs Cadet Activities 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) . (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 25,314 5,331 100,319 51,000 50,000 3,550 709,312 301,546 203,382 31,700 grant (c) IRC section (if applicable) MMN MMN **E** E E E MMM MMM MMM Σ Σ Σ MMM MMN 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 (b) EIN (8) New Mexico Military Institute 1 (a) Name and address of organization (9) New Mexico Military Institute (6) New Mexico Military Institute (7) New Mexico Military Institute (1) New Mexico Military Institute (2) New Mexico Military Institute (3) New Mexico Military Institute (4) New Mexico Military Institute (5) New Mexico Military Institute (10) New Mexico Military Institute or government Roswell, NM 88201 Part II N Schedule I (Form 990) (2017)

Cat No 50055P

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Fc	schedule I (Form 990) (2017)
Part III	rt 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.

	Part III can de duplicated II additional space is needed	space is needed	J.			•
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Facul	1 Faculty Professorships and Chairs	7	41.250			
2 Trave	2 Travel Funds for Hawaiian Cadets	20	9,250			
3 Cadel	3 Cadet Awards and Sabers	14	90.7.9			
4						
5						
9		i				
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, line	e 2; Part III, column	(b); and any other addition	onal information.

are made on an expenditure driven basis. The Foundation is billed by NMMI for reimbursement of expenses in Part II that were previously paid or credited by NMMI in accordance Part I; Line 2 - Payments to NMMI, a New Mexico state educational institution, to provide scholarship funding, Leadership Center programs and other uses listed in Part II, Line 1 with its policies and procedures. The Foundation receives copies of invoices and other supporting documentation prior to reimbursing NMMI for the expenses. NMMI monitors compliance for the programs in Part II, Line 1.

donor criteria and NIMMI policies as monitored by the NMMI Scholarship Committee. The NIMMI Office of Financial Aid monitors the recipients eligibility throughout the year. The Foundation disburses scholarship funds directly to NMMI upon receiving a billing at the end of each semester. Scholarship funds are awarded in accordance with Faculty Professorships and Chairs are awarded based on donor criteria and NMMI guidelines. Awards are made to selected recipients meeting the donor criteria and NMMI policies. The Academic Dean monitors compliance with the established criteria. Travel funds for Hawaiian cadets are provided from earnings on a specific donor endowment. The NMMI Office of Financial Aid determines qualifying cadets and monitors compliance. Cadet Awards and Sabers are provided by donor gifts and earnings on specific donor endowments. The NMMI Academic Dean and Commandant of Cadets determine

qualifying cadets and monitor compliance.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number

	oundation, Inc.					85-6010	718	
Part	Types of Property		,					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on		(d) of determinin ntribution am	
1	Art — Works of art	✓	60		34,830	Appraisals		
2	Art - Historical treasures							
3	Art - Fractional interests						··· -	
4	Books and publications							
5	Clothing and household		[P.7					
	goods							
6	Cars and other vehicles							
7	Boats and planes						•	
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities - Closely held stock .						·	
11	Securities – Partnership, LLC,							
• •	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation				<u> </u>			•••
10	contribution—Historic							
	structures							
14	Qualified conservation				-		-	
• •	contribution—Other							
15	Real estate-Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens				-			
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()	-		 -				
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received	l by the er	ganization during the tax :	vear for contrib	utions for	 		
29	which the organization completed					29	0	
	Which the organization completed	. 1 01111 020	o, raitiv, bonce nomowie	agement			Yes	No
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30a	During the year, did the organiza 28, that it must hold for at least t						1:11	
	to be used for exempt purposes						30a 3	
b	If "Yes," describe the arrangement		- ·				30a	† · *
	Does the organization have a			on the review	of any n	onotondard	-	
31		-	ptance policy that requir	es the review	or any n	unstandard	31 /	
20-								+
32a	Does the organization hire or us	•	-	•			1 1	,
L							32a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	If "Yes," describe in Part II.							1.
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	peny for which	column (a)	is checked,		. **

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Rublic

Department of the Treasury Internal Revenue Service Name of the organization

NMMI Foundation, Inc.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

85-6010718

Part III; Line 4d - Other program services support was used for NMMI cadet activities, athletic equipment and supplies,
faculty and staff programs, recruiting and admissions programs, Institutional Advancement, organ maintenance and chaplain programs.
Part VI; Governance, Management and Disclosure - Line 2 - Trustees Harris Kerr and Kevin Butler are in a business relationship that is not
in relationship with the Foundation. Their business relationship is completely unrelated to the Foundation.
Line 6: The Foundation has members, but not stockholders. Any person making an annual donation of at least \$500
shall be deemed to have met all requirements necessary for membership that year. Any person making a donation of
\$5,000 or more shall be considered a life member and no further donation is necessary. The Chairman or CEO may, at
their discretion, invite individuals to become members without payment. There are no membership fees charged.
Line 7a: The members (referred to above) elect the rotating members of the Board of Trustees. Each member is
entitled to one vote. The rotating members of the Board of Trustees are elected at the Annual Meeting of the members
Line 7b The decisions of the governing body are decided by a majority vote of those Board of Trustees present at all
meetings of the Board of Trustees. The Foundation's Executive Committee, made up of six members of the Board of
Trustees that includes its CEO, is authorized to act for and on behalf of the Board of Trustees in exercising the Board's
authority with respect to all matters affecting the organization, except for: (1) amending, altering or repealing the By-Laws
and Articles of Incorporation, (2) appointing, electing or removing any member of any committee or any director or
officer, (3) authorizing the sale, lease exchange or mortgage of all or substantially all assets of the Foundation,
(4) adopting a plan of merger or consolidation with another corporation and (5) authorizing the voluntary dissolution of
the corporation or revoking proceedings therefore, or adopting a plan for the distribution of the assets of the Foundation.

Line 9: A complete listing of the Board of Trustees with their respective mailing addresses is listed on Form 990, Part VII; Section A.
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Line 11a. The final Form 990, including required schedules and other attachments, was provided to all members of the
Board of Trustees for review and comment prior to filing with the Internal Revenue Service. Additionally, the
Chairman of the Board of Trustees and President & CEO reviewed and discussed the final Form 990, including
required schedules and other attachments, prior to filing with the Internal Revenue Service

Name of the organization NMMI Foundation, Inc. Employer identification number 85-6010718 Line 12c: Each member of the the Board of Trustees and all employees of the Foundation are required to disclose annually in writing any interests that could give rise to conflicts of interest as well as abide by the Foundation Conflict of Interest Policy. In accordance with the policy, if a conflict of interest arises with a voting member of the Board of Trustees, that member must recuse themself from any and all votes in regard to the matter in conflict. If a conflict is disclosed or arises
Line 12c: Each member of the the Board of Trustees and all employees of the Foundation are required to disclose annually in writing any interests that could give rise to conflicts of interest as well as abide by the Foundation Conflict of Interest Policy. In accordance with the policy, if a conflict of interest arises with a voting member of the Board of Trustees, that
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Policy. In accordance with the policy, if a conflict of interest arises with a voting member of the Board of Trustees, that
member must recuse themself from any and all votes in regard to the matter in conflict. If a conflict is disclosed or arises
during the year, the Board of Trustees will review the situation and then determine the proper action for the Foundation.
The President & CEO and at least one other Board Member review all disbursements of the Foundation. Financial
statements, budget and investment information are provided to the Executive Committee monthly for review.
Line 15: The five independent members of the Executive Committee of the Foundation annually review the salaries and
benefits of the Foundation employees, which are the (1) President & CEO and (2) Administrative Specialist.
Upon review of historical and comparable data, the Executive Committee sets the salaries for the upcoming fiscal year.
The entire Board of Trustees approves these salaries and benefits in conjunction with approving the annual budget.
Line 19: The following documents are available at the Foundation's website at: www.nmmi edu/foundation
1. Current audited financial statements
2 Complete Form 990, schedules and attachments for the most current three fiscal years
3. Articles of Incorporation and By-Laws
4. Conflict of Interest Policy
The above documents are also available upon request.
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