Preparer

Use Only

Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

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 2018

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public 10 10

Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2018 calendar year, or tax year beginning 2018, and ending 20 June 30 19 Check if applicable C Name of organization NMMI Foundation, Inc. D Employer identification number Address change Doing business as 85-6010718 Number and street (or P O, box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return 101 W. College Blvd. (575)624-8035 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return G Gross receipts \$ 12,049,968 Application pending F Name and address of principal officer Jimmy Barnes, President & CEO H(a) Is this a group return for subordinates? Yes Vo H(b) Are all subordinates included? Yes No. 501(c) (**☑** 501(c)(3) If "No," attach a list (see instructions) Tax-exempt status www.nmmi.edu/foundation H(c) Group exemption number ▶ N/A Form of organization Corporation Trust M State of legal domicile NM Part I Summary Briefly describe the organization's mission or most significant activities: The mission of the NMMI Foundation, Inc. (Foundation) is to create, maintain and administer an endowment fund for the benefit of New Mexico Military Institute (NMMI) Activities & Governance to be used for research, scientific and literary purposes; and to promote generally the growth, welfare, and maintenance of NMMI Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a), Number of independent voting members of the governing body (Part VI, line III) 12 5 Total number of individuals employed in calendar year 2018 (Part VI ling. 2 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 38 0 Current Year Contributions and grants (Part VIII, line 1h). 724,540 2,700,853 Revenue 9 Program service revenue (Part VIII, line 2q) 3,255 3,200 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 2,288,356 2,231,578 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 11 305,585 6,064,586 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,321,736 11,000,217 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 1,538,660 1,585,416 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 207,236 217,727 Professional fundraising fees (Part IX, column (A), line 11e) . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 302,460 299,784 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2,048,356 2,102,927 19 Revenue less expenses. Subtract line 18 from line 12 8,897,290 1,273,380 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 54,736,511 64,313,896 21 Total liabilities (Part X, line 26) . 812,017 812,153 22 Net assets or fund balances. Subtract line 21 from line 20 53,924,494 63,501,743 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Signature of office Here & CEO Type or print name and title Print/Type preparer's name Date Paid Check | ıf self-employed

__ Yes 🗸 No

Form 990 (2018)

Firm's EIN ▶

Phone no

Cat No 11282Y

| Part | Statement of Program Service Accomplishments | |
|-------------|---|--------------|
| | Check if Schedule O contains a response or note to any line in this Part III | . 🔽 |
| 1 | Briefly describe the organization's mission | |
| | Create, maintain and administer an endowment fund for the benefit of New Mexico Military Institute (NMMI) to be used | |
| | for research, scientific and literary purposes, for increasing the building, equipment and other facilities of NMMI, to | |
| | provide for scholarships; and to promote generally the growth, welfare, and maintenance of NMMI | · |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | σ |
| | | ☑ No |
| 2 | 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? | |
| | services? | ™ No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as meas | |
| 7 | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to | others |
| | the total expenses, and revenue, if any, for each program service reported | ourioro, |
| | | |
| 4a | (Code:) (Expenses \$ 743,535 including grants of \$ 743,535) (Revenue \$ |) |
| | 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. 354 cadets received scholarships from Foundation provided funds in | |
| | the 2018-2019 school year. It is estimated that 360 cadets will receive scholarships during the 2019-2020 school year. | |
| | | |
| 4b | (Code: \ \(\(\)\(\)\(\)\(\)\(\)\(\)\(\ | |
| 75 | (Code:) (Expenses \$ 243,839 including grants of \$ 243,839) (Revenue \$ 17 the NMMI Foundation maintains approximately 20 endowments whereby earnings are used to fund NMMI Leadership | ?) |
| | Deserted Course programs I swillish Deser Course facilities and several landsuches and act of the The | |
| | Daniels Leadership Center (DLC) serves over 900 cadets each year through use of state of the art technologies | |
| | and classrooms. Programs and services are provided to internal and external constituencies and include the | |
| | Low/High Ropes Course and the Leadership Reaction Course which provide leadership challenges and growth | |
| | to both cadets and professionals. These facilities help build self confidence, trust and teamwork in challenges that teach, | |
| | test and reinforce sound leadership practices. These facilities are used to train over 900 cadets annually with over | |
| | 600 cadets using the facilities multiple times throughout the school year. Over 100 participants from the community | |
| | and over 500 youth throughout the state use the facilities annually. | |
| | | |
| | | |
| -40 | (Code) (Evenesse \$ 151,001 maludate events of \$ 453,001) (Daylor \$ | |
| 4c | (Code.) (Expenses \$ 151,891 including grants of \$ 151,891) (Revenue \$ (Code.) (Expenses \$ 151,891 including grants of \$ 151,891) (Revenue \$ (Code.) (Expenses \$ 151,891 including grants of \$ 151,891 including grant | |
| | The NMMI Foundation, at the request of NMMI, agreed to provide financial support to expand NMMI's institutional Advancement The Foundation agreed to provide up to \$200,000, representing one-half of the Institutional Advancement budget, with NMMI | it enort. |
| | and ideas the financial contest for the contest in the first test of the | ••• |
| | providing the linancial support for the remaining half of the budget. | · |
| | Financial support is paid directly to NMMI for Institutional Advancement expenses that include (1) salaries and benefits for the | |
| | Director of Major Gifts, Development/Advancement Officer, Special Events Coordinator and Gift Processor, (2) travel, (3) plann | |
| | giving and data mining projects and (4) administrative costs. | |
| | | |
| | | |
| | | |
| | | - - |
| | Others (Daniel Co.) | |
| 4d | | |
| | (Expenses \$ 624,794 including grants of \$ 446,151) (Revenue \$ 0) Total program service expenses ▶ 1,764,059 | |
| _ +6 | Total program service expenses ► 1,764,059 | |

| Part IV | Checklist of Required Schedules | |
|---------|--|--|

| | • | | Yes | No |
|------|--|-----|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | 1 | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | _ | √ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | √ | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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 | | √ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | _ | √ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | √ | |
| 9 | Did the organization report an amount in Part X, line 21, 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 | | ✓ |
| 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, 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 | √ | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | √ | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | ✓ |
| 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 | | ✓ |
| 12a | 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 | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | √ |
| 14a | 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 | | ✓ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | ✓ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | ✓ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | √ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | √ |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ✓ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20ь | \sim | A |
| 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 | ✓ | |
| | | - | . aan | (0040) |

Form **990** (2018)

| Part | Checklist of Required Schedules (continued) | | · · · · | -90 |
|---------|--|--------------|---------|----------|
| | | | Yes | No |
| 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 | > | |
| 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 | | 1 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | 1 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | 1.1 | 1A |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | N/ | A |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | NI | A |
| 25a | 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 | 25a | | ✓ |
| 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 a | 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . | 28a | | √ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 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 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ✓ |
| 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 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| ь | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | N | IA |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | _ | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | 1 | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u>· · ·</u> | 1 5 | تا |
| _ | Fater the number recorded in Roy 2 of Farm 1006 Fater 0 of material and 1 | | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | 7 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | / | |

| Part \ | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|----------|--|---------------|-----------------|---------------|
| _ | Enter the number of ampleuses reported as Form W.2. Treasported of Wass and Tau | | Yes | No |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. | 2b | 1 | |
| U | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 20 | _ ` | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | - | 1 |
| | 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 | TA |
| 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 | ✓ | |
| þ | If "Yes," enter the name of the foreign country. Cayman Islands, East Asia and the Pacific | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | - | ' | ٠ . |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b 5c | 4/ | ÍA |
| c 6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-1? | 50 | _~ | <i>[7</i> 7_ |
| va | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | _ | | <u> </u> |
| - | gifts were not tax deductible? | 6b | N | VA |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | ۱. |
| | and services provided to the payor? | 7a | √ | <u> </u> |
| 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 required to file Form 8282? | 7c | 1 | / |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 76 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. | 7f | | 1 |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | AL | 11 |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | M | YA_ |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | N | A_ |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0- | | 1 |
| a b | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | A | 10 |
| 10 | Section 501(c)(7) organizations. Enter | 90 | | 7 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | ĺ | ï |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A | | | i |
| 11 | Section 501(c)(12) organizations. Enter | | | ١. |
| а | Gross income from members or shareholders | . | ĺ | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 10- | against amounts due or received from them.) | 10- | ., | 10 |
| 12a b | remain and the second of the s | 12a | _X/ | 77 |
| 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. [12b] N/A Section 501(c)(29) qualified nonprofit health insurance issuers. | | 1 | , |
| а | is the organization licensed to issue qualified health plans in more than one state? | 13a | A | VA. |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | , |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | * | 1 | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | 1/2 |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | \vdash^{\sim} | /A |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | 1 |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | . |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | 1 | ✓ |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| | | Forr | п 99 0 | (2018) |

| Part ' | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI | | for a | | | | | | | | | | |
|----------|--|---------------|---------------------------------------|-------------|--|--|--|--|--|--|--|--|--|
| Section | on A. Governing Body and Management | | | | | | | | | | | | |
| 1. | Enter the number of voting members of the government had not the and of the toy year. | | Yes | No | | | | | | | | | |
| ıa | 1a Enter the number of voting members of the governing body at the end of the tax year | | | | | | | | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | - | | | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b 12 | , | , | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | • | į | | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3_ | | 1 | | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | <u>4</u> 5 | | 1 | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | | | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | | | | | | | | | | |
| 7a | one or more members of the governing body? | | | | | | | | | | | | |
| 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 | 1 | | | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | - | , | , ! | | | | | | | | | |
| а | The governing body? | 8a | 1 | • • • | | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | | | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | 1 | | | | | | | | | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | ode.) | | | | | | | | | | |
| | | | Yes | No | | | | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ | | | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | N | A | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ✓ | | | | | | | | | | |
| b 10- | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | . ' | . مار ^ا ما | * 4 | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a 12b | V | | | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 120 | V | | | | | | | | | | |
| 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 | Did the organization have a written document retention and destruction policy? | 14 | ✓ | <u> </u> | | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | · | د د شاست | | | | | | | | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | √ | | | | | | | | | | |
| b | Other officers or key employees of the organization | 15b | ✓ | - 5 | | | | | | | | | |
| 16a | | ٠ - د | | 1, a | | | | | | | | | |
| b | with a taxable entity during the year? | 16a | (1) | 163 | | | | | | | | | |
| | 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 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | IA | | | | | | | | | |
| Secti | on C. Disclosure | | 7 87 | <i>7</i> | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ CA KY MA MI MN NJ NM NY OR I | A RI | SC (| JT | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Our website Another's website Upon request Other (explain in Schedule O) | (Sec | tion 5 | 501(c) | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year. | erest | policy | , and | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and red Jimmy Barnes, President & CEO, 101 W. College Blvd., Roswell, NM 88201; (575)624-8035 | cords | > | | | | | | | | | | |

| Form | qqn | (2018) | ١. |
|------|-----|--------|----|

| _ | 7 |
|------|---|
| Page | • |

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

| | Check If | Sche | edule | O 00 | ontai | ns a | res | ponse | or note to | an | y line ir | n this Pa | rt VII | | | • | | | . [| |
|------|----------|------|-------|------|-------|------|-----|-------|------------|----|-----------|-----------|--------|------|--|---|--|--|-----|--|
| | | | | | | | | | | | | | | | | | | | | |

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) | (B) | | | • | C) ation | | | (5) | <i>(</i> 5) | (5) | | |
| Name and Title | (B) Average | | | | | than o | | (D) Reportable | (E) Reportable | (F) Estimated | | |
| | hours per | | | | | or/trust | | compensation | compensation from | amount of | | |
| | week (list any hours for | 악전 | Ins | Officer | Şe j | em_ | Former | from the | related organizations | other compensation | | |
| | related organizations | l vidu | lituti | Čer | em | hest ploye | mer | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization | | |
| | below dotted | | Institutional trustee | | Key employee | com | | (**-271033-141130) | | and related | | |
| | line) | uste | trus | | ee | pens | | | | organizations | | |
| | | " | ee | | | Highest compensated employee | • | | | | | |
| | | | | | | | | | | | | |
| (1) Jesus Salazar Chairman | | | | | | | | | | | | |
| 2521 Elfego Rd. NW, Albuquerque, NM 87107 | 5 | ✓ | | ✓ | | | | 0 | 0 | 0 | | |
| (2) Kenneth Barbe Member | | , | | , | | | ļ | | | | | |
| P.O. Box 2107, Roswell, NM 88202-2107 | 2 | ✓ | | 1 | | | | 0 | 0 | 0 | | |
| (3) Steve Elliott Secretary | | 1 | | , | | | İ | | | | | |
| P.O. Box 1328; Santa Fe NM, 87504 | 2 | ' | | ✓ | | | | 0 | 0 | 0 | | |
| (4) Harris Kerr Treasurer | ļ | / | | / | | | | | _ | | | |
| 1701 N. "L" Street, Midland, TX 79705-3027 (5) James Solomon Immediate Past Chairman | 2 | - | \vdash | * | | | | 0 | 0 | 0 | | |
| 166 Sonterra Dr.; Alto, NM 88312 | 2 | 1 | | 1 | | | ŀ | | o | 0 | | |
| (6) Jimmy Barnes President & CEO | | <u>v</u> | | Ť | | | | | 0 | 0 | | |
| 101 W. College Blvd.; Roswell, NM 88201 | 40 | 1 | | 1 | | 1 | | 98,094 | o | 0 | | |
| (7) Kevin O. Butler Member | | | | | | | | 30,034 | | | | |
| P.O. Box 1171 Midland, TX 79702-1171 | 1 | 1 | | | | | | 0 | o | 0 | | |
| (8) Brad Christmas, NMMI Regent | | | | | | | | , <u> </u> | | | | |
| P.O. Box 173; Wagon Mound, NM 87752 | 1 | 1 | | | | | | ۰ ا | o | 0 | | |
| (9) MG Jerry Grizzle NMMI President & Ex-Offici | | | | | | | | <u> </u> | | <u>-</u> | | |
| 101 W. College Blvd.; Roswell, NM 88201 | 1 | ✓ | | | | | | 0 | o | 0 | | |
| (10) Earl A. "Tres" Latimer, ill Member | | | | | | | | | | | | |
| 1908 W. 27th Street, Roswell, NM 88201 | 1 | ✓ | | | | | | 0 | О | 0 | | |
| (11) Jesus R. Ramos Garza Member Gomez | | | | | | | | | | _ | | |
| Morin 909, Jardines de la Rivera, Jalisco, Mexico | 1 | ✓ | | | | | | 0 | . 0 | 0 | | |
| (12) Frank X. Spencer, III | | | | | | | | | | | | |
| 6646 Paseo De Paz Lane, Anthony, NM 88021 | 1 | ✓ | | | | | | 0 | О0 | 0 | | |
| (13) Barbara E. Trent, NMMI Regent | | | | | | | | | | | | |
| 1200 Sierra Larga Drive, Albuquerque, NM 87112 | 1 | ✓ | <u> </u> | | L_ | | <u> </u> | 0 | 0 | 0 | | |
| (14) Joe M. Vicente Member, NMMI Regent App | ļ | _ | . | | | | | | | | | |
| P.O. Box 457; Vaughn, NM 88353-0457 | 11 | ✓ | | L | | | | 0 | 0 | 0 | | |

| Parl | VII Sèction A. Officers, Directors, Trust | ees, Key E | mploy | yees | s, ar | nd F | lighe | st C | ompensated E | mployees (c | ontinu | ed) | | |
|---------|--|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|------------|--|--|------------|---------------------------------|--|----------|
| | • (A) Name and title | (B) Average hours per week (list any | box, | unles | Pos neck ss pe | rson | e than o | an lee) | (D) Reportable compensation from | (E) Reportable compensation related | | Estir amo | F) nated unt of her | |
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MI | | compe fror organ and r | ensation n the nization related izations | |
| (15) | | | | | | | | | | , | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | - | | | | | | |
| (18) | | | | - | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | - | | | | | | | | | | _ |
| (21) | | | | | | | | | | | | · | | |
| (22) | | | | | | | | | | | | _ | | |
| (23) | | | | _ | | | | | | | | | | |
| (24) | | | | | | | | Ì | | | | | | |
| (25) | | | | | | | | | - | | _ | | | |
| 1b c | Sub-total | VII, Section | n A | | | | · · | ▶ ▶ | 98,094 0 98,094 | | 0 | | | (|
| 2 | Total number of individuals (including but reportable compensation from the organic | t not limited | | | | | | | | | | of | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | | | | | | | emp | <u></u> | est comper | sated | 3 | Yes | No ✓ |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater th | an \$ | | | | f "Ye | | complete Sch | | | | | ✓ |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | | vidual | 5 | | ✓ |
| Secti | on B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization Repyear. | | | | | | | | | | | | | ax |
| | (A) Name and business add | lress | | | | | | | (B) Description of s | ervices | | (C) Compens | ation | |
| | | | | | | | | +- | | + | | | | |
| | | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | o th | nose listed ab | ove) who | | | | |

| | 990 (201 VIII | Statement of Reve | enue | | | <u>.</u> | | Page 9 |
|--|------------------|---|-------------------|--------------------|----------------------|--|---|--|
| | | Check if Schedule C | | ponse or note to | any line in this | Part VIII | | |
| | | | | , | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| nts | 1a | Federated campaigns | s <u>1a</u> | | | | | |
| Gra | b | Membership dues . | | <u> </u> | | | | , , |
| fts, | C | Fundraising events . | ··· | | . | . ' | | - , |
| ig ig | d | Related organizations Government grants (con | | | | | | |
| ons | e f | All other contributions, g | | | | | | |
| buti | • | and similar amounts not inc | . • | 2,700,853 | | İ | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions includ | | 14,208 | 4 | | | |
| a C | lı | Total. Add lines 1a-1 | t <u>.</u> | • | 2,700,853 | | | • |
| Jue | | | | Business Code | | | | |
| ever | 2a | Columbarium revenue | | 900099 | 3,200 | 3,200 | | |
| e E | b | | | | | | | |
| ŠŽ | C | * | | | | | | |
| Program Service Revenue | de | *** | | | | | | |
| grai | f | All other program ser | | | | | | |
| Pro | g | Total. Add lines 2a-2 | | • | 3,200 | | | , |
| | 3 | Investment income | (including divid | ends, interest, | | | , | |
| | | • | | ▶ | 626,997 | | | 626,997 |
| | 4 | Income from investmen | t of tax-exempt b | ond proceeds ► | | | | |
| | 5 | Royalties | (i) Real | > | 326 | | | 326 |
| | 6- | Cross roots | | (II) Personal | | | | r |
| | 6a b | Gross rents Less rental expenses | 313,879 | ' | | • | | |
| | C | Rental income or (loss) | 313,879 | - | | | • | • |
| | d | Net rental income or | | | 313,879 | | | 313,879 |
| | 7a | Gross amount from sales of | (i) Securities | (ii) Other | | | | 313,073 |
| | | assets other than inventory | 2,654,332 | 2 | | | | |
| | b | Less cost or other basis | | | | | | |
| | | and sales expenses | 1,049,751 | | | | | |
| | C | Gain or (loss) | 1,604,581 | | | | | |
| | d | Net gain or (loss) . | | • | 1,604,581 | | | 1,604,581 |
| ne | 8a | Gross income from fu | ındraising | i | | | • | |
| en . | | events (not including \$ | | | | , , | | s { |
| Re | | of contributions reporte | | | ' " | , ' ' | | • |
| Other Revenue | | See Part IV, line 18 . | a | | | | | |
| ₹ | b | Less: direct expenses | | | • | · · | · | |
| | | Net income or (loss) f | | events > | | | | |
| | 9a | Gross income from ga See Part IV, line 19 . | | | | | | ا. ا |
| | Ь | Less direct expenses | | | | | | |
| | | Net income or (loss) f | | | | | | |
| | | Gross sales of in | | TVILLOS P | | | | |
| | | returns and allowance | |] | | | | |
| | b | Less: cost of goods s | | | • | | | · |
| | С | Net income or (loss) f | | entory ▶ | | | | |
| | | Miscellaneous R | | Business Code | | | | |
| | 11a | Decrease in Cash Valu | | 900099 | (10,616) | (10,616) | | - |
| | b | Non-Operating Revenu | ie - Sch O, P.2 | 900099 | 5,760,997 | 5,760,997 | | |
| | d | All other revenue . | | | | | • | |
| | e | Total. Add lines 11a- | | • | 5,750,381 | | · | |
| | 12 | Total revenue. See in | | . | 11,000,217 | 5,753,581 | 0 | 2,545,783 |

Part IX Statement of Functional Expenses

| Do = : | Check if Schedule O contains a response include amounts reported on lines 6b, 7b, | | | | |
|--------|---|-----------------------|------------------------------------|---|--------------------------------|
| 8b, 9l | o, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,548,416 | 1,548,416 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 37,000 | 37,000 | | , |
| 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 | 107,530 | | 107,530 | - |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | 107,7000 | |
| 7 | Other salaries and wages | 53,262 | | 53,262 | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 21,919 | | 21,919 | |
| 9 | Other employee benefits | 23,928 | | 23,928 | |
| 10 | Payroll taxes | 11,088 | | 11,088 | |
| 11 | Fees for services (non-employees). | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| ب 2 | Accounting | 9,030 | | 9,030 | |
| d | Lobbying | 4,135 | 4,135 | | |
| e f | Professional fundraising services. See Part IV, line 17 Investment management fees | 450 077 | 405.044 | 47.000 | |
| 9 | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 150,877 | 105,614 | 45,263 | |
| 12 | Advertising and promotion | 7,335 | 2,003 | | 5,33 |
| 13 | Office expenses | 10,715 | | 10.715 | |
| 14 | Information technology | 3,041 | | 10,715 3,041 | . |
| 15 | Royalties | 3,041 | | 3,041 | |
| 16 | Occupancy | 540 | | 540 | |
| 17 | Travel | 192 | | 192 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 915 | | 915 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 414 | | 414 | |
| 23 | Insurance | 19,388 | | 19,388 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | . * |
| а | Donor Life Insurance Program | 49,171 | 49,171 | - | |
| b | Property Taxes and Maintenance | 25,112 | | 25,112 | |
| С | Staff and Faculty Support | 17,720 | 17,720 | 20,112 | |
| d | Columbarium Expense | 1,199 | ,,20 | 1,199 | |
| е | All other expenses | | - | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,102,927 | 1,764,059 | 333,536 | 5,33 |
| 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) | | | | |

Part X Balance Sheet

| | | - Check if Schedule O contains a response or note to any line in this Par | t X | | |
|-----------------------------|-----|---|--------------------------|-----|------------------------|
| | | • | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 170,424 | 1 | 174,610 |
| | 2 | Savings and temporary cash investments | 427,544 | 2_ | 1,355,521 |
| | 3 | Pledges and grants receivable, net | 327,583 | | 290,956 |
| | 4 | Accounts receivable, net | 1,685 | 4 | 4,443 |
| 1 | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| its | 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 | |
| Ä | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 3,041 | 9 | 3,041 |
| | 10a | Land, buildings, and equipment cost or | | | , |
| | | other basis Complete Part VI of Schedule D 10a 3,831,752 | | | |
| | b | Less accumulated depreciation 10b 16,804 | 3,809,282 | 10c | 3,814,948 |
| | 11 | Investments—publicly traded securities | 13,823,126 | 11 | 16,832,707 |
| | 12 | Investments—other securities. See Part IV, line 11 | 34,587,226 | 12 | 40,286,087 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 1,586,600 | | 1,551,583 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 54,736,511 | | 64,313,896 |
| | 17 | Accounts payable and accrued expenses | 407,021 | | 408,373 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 404,996 | | 403,780 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | 21 | |
| 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 | • |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X | - | | |
| | 00 | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 812,017 | 26 | 812,153 |
| uces | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. | | | |
| <u>a</u> | 27 | Unrestricted net assets | 19,198,425 | | 19,777,215 |
| Ä | 28 | Temporarily restricted net assets | 14,270,363 | | 17,355,151 |
| Net Assets or Fund Balances | 29 | Permanently restricted net assets | 20,455,706 | 29 | 26,369,377 |
| ts | 30 | Capital stock or trust principal, or current funds | | 30 | |
| se | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| AS | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| Ş | 33 | Total net assets or fund balances | 53,924,494 | 33 | 63,501,743 |
| _ | 34 | Total liabilities and net assets/fund balances | 54,736,511 | | 64,313,896 |
| | | | | | Form 990 (2018) |

| Form 99 | 00 (2018) | | | Pa | ige 12 |
|---------|--|----------|----|-------|---------------|
| Par | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 11,00 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 2,927 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 7,290 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 53,92 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 33,682 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | (: | 3,723 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 63,50 | 1,743 |
| Part | XII Financial Statements and Reporting | · | | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | plain in | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | 1 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| ь | Were the organization's financial statements audited by an independent accountant? | | 2b | 1 | |
| _ | If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | ed on a | | • | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | versight | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | ıntant? | 2c | ✓ | |

If the organization changed either its oversight process or selection process during the tax year, explain in

За

3b

Form **990** (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

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.

OMB No 1545-0047 2018 **Open to Public**

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 NMMI Foundation, Inc. 85-6010718

| Pai | t Reason for Public Cha | rity Status (All | organizations must | comple | te this p | art.) See instruction | ns. | |
|--------|--|--------------------|--|--------------------|--------------|-------------------------------------|-------------|---------------------------|
| The | organization is not a private found | ation because it i | s' (For lines 1 through | 12, ched | k only or | ne box.) | | |
| 1 | A church, convention of church | hes, or associati | on of churches descri | ibed in s e | ection 17 | 0(b)(1)(A)(i). | | . 🖵 |
| 2 | A school described in section | 170(b)(1)(A)(ii). | (Attach Schedule E (F | orm 990 | or 990-E | Z).) | | カフ |
| 3 | A hospital or a cooperative ho | | | | | | 1 | ν |
| 4 | A medical research organizati | | onjunction with a hosp | oital desc | ribed in s | section 170(b)(1)(A) | (iii). Ente | er the |
| | hospital's name, city, and stat | | | | | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | | college or university | owned c | r operate | ed by a government | al unit d | described in |
| 6 7 | ☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1 | receives a subs | tantial part of its sup | | | | n the ge | neral public |
| 8 | ☐ A community trust described | in section 170(b) | (1)(A)(vi). (Complete | Part II) | | | | |
| 9 | An agricultural research organ | ization described | d in section 170(b)(1) | (A)(ix) op | erated in | conjunction with a l | and-ora | nt college |
| | or university or a non-land-grauniversity. | ant college of agr | iculture (see instruction | ons). Ente | er the nan | ne, city, and state of | the col | ege or |
| 10 | An organization that normally receipts from activities related | to its exempt fu | nctions—subject to c | ertain exc | ceptions. | and (2) no more tha | n 331/39 | 6 of its |
| | support from gross investmen acquired by the organization a | it income and un | related business taxa | ble incom | ne (less si | ection 511 tax) from | busines | ses |
| 11 | An organization organized and | | | | • | • | | |
| 12 | An organization organized and | • | • | • | | | rry out t | he nurnoses |
| | of one or more publicly supp | • | • | | | · | • | |
| | Check the box in lines 12a thro | | | | | | | |
| а | | | | | | | | |
| | the supported organization | | | | | | | |
| | supporting organization. Y | | | | | | | |
| b | ☐ Type II. A supporting orga | nization supervis | sed or controlled in co | nnection | with its s | supported organizati | on(s), by | / having |
| | control or management of | | | | persons | that control or man | age the | supported |
| | organization(s). You must | complete Part I | V, Sections A and C | • | | | | |
| С | Type III functionally integers its supported organization | | | | | | ally integ | grated with, |
| d | ☐ Type III non-functionally | integrated. A su | pporting organization | operated | d in conn | ection with its suppo | orted or | anization(s) |
| | that is not functionally inte | - | | | | | d an att | entiveness |
| | requirement (see instruction | | • | | | | | |
| е | | | | | | | e II, Typ | e III |
| £ | functionally integrated, or | * * | , , | | organizat | ion. | г | |
| f | Enter the number of supported Provide the following information | • | | | | | ٠ ٠ ١ | |
| g | | | , <u>`</u> | r | | | | |
| | (i) Name of supported organization | (ii) EIN | (III) Type of organization (described on lines 1–10 | listed in yo | ur governing | (v) Amount of monetary support (see | | Amount of support (see |
| | | | above (see instructions)) | docu | ment? | instructions) | | ructions) |
| | | | | Yes | No | | | |
| /A) | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| | | | | | <u> </u> | | | |
| (C) | | | | | | | | |
| (D) | | <u> </u> | | | | | | |
| | ·· | | | - | | | | - |
| (E) | | | | | | | | |
| Tota | | | | | | | | |

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

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

| Secti | on A. Public Support | | | ····· | | | |
|-------|---|---|--|--|--|---|---------------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| _ | include any "unusual grants.") | 1,170,806 | 708,565 | 691,119 | 724,540 | 2,700,853 | 5,995,883 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | 4,000 | 4,000 | 4,000 | 4,000 | 4.000 | 20,000 |
| 4 | Total. Add lines 1 through 3 | 1,174,806 | 712,565 | | | i | 6,015,883 |
| 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) | 1,11,000 | 7.12,000 | | 720,040 | | 2,528,228 |
| 6 | Public support. Subtract line 5 from line 4 | - , | | 1 | | | 3,487,655 |
| | on B. Total Support | , | | | | <u> </u> | 3,467,633 |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 1,174,806 | 712,565 | 695,119 | 728,540 | | 6,015,883 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 833,924 | 925,280 | | 737,756 | | 4,211,974 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 4,522 | 20 | 107 | 117 | 0 | 4,766 |
| 11 | Total support. Add lines 7 through 10 | - | | | | | 10,232,623 |
| 12 | Gross receipts from related activities, etc | (see instruction | ons) | | | 12 | 3,200 |
| 13 | First five years. If the Form 990 is for the | | 's first, secon | d, third, fourth | , or fifth tax y | ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | | | | | | ▶ 🗆 |
| Secti | on C. Computation of Public Support | rt Percentage | e | | | | |
| 14 | Public support percentage for 2018 (line to | | - | 1, column (f)) | | 14 | 34.08 % |
| 15 | Public support percentage from 2017 Sch | | | | | 15 | 38.21 % |
| 16a | 331/3% support test—2018. If the organ | | | | | | |
| | box and stop here. The organization qua | | | | | | |
| b | 33 ¹ /3% support test—2017. If the organithis box and stop here. The organization | | | | | | |
| | | | | | | | |
| 17a | 10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization | eets the "facts facts-and-circ | -and-circumsta umstances" te | ances" test, chest. The organi | neck this box a zation qualifie: | and stop here. s as a publicly | Explain in supported |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization | 017. If the organication meets the meets the "factorial organical anization did n e "facts-and-d s-and-circums | ot check a bo circumstances' stances" test | x on line 13, 1 ' test, check The organizati | 16a, 16b, or 17 this box and so on qualifies as | a, and line stop here. |
| 18 | Private foundation. If the organization di instructions | | | | | | |

| Part | | | | | | | |
|----------|---|----------------|-----------------|------------------|--|-----------------|---------------|
| | (Complete only if you checked th | | | | | | nder Part II. |
| <u> </u> | If the organization fails to qualify | under the te | sts listed belo | ow, please co | omplete Part | II.) / / | <u></u> |
| | on A. Public Support | | T | | | 1 1 2 2 4 2 | |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") | | • | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| 2 | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | + | | | | / |
| _ | organization's tax-exempt purpose | | | | <u>.</u> | | |
| 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 . | | | | / | 1 | |
| 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 | | | İ | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | / | | |
| Secti | on B. Total Support | | I . | <u> </u> | 61 | | |
| Calen | idar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 201,6 | (d) 2017 | (e) 2018 | (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 | | | 1 | | | |
| | section 511 taxes) from businesses | | 1 | ł. | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | Ì | | | |
| | or not the business is regularly carried on | | | ļ | | } | |
| 12 | Other income Do not include gain or | | | | | <u> </u> | |
| | loss from the sale of capital assets | | / | | | | |
| | (Explain in Part VI.) | | <i>y</i> | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | / | 1 | | | | |
| | and 12.) | | | | | , | |
| 14 | First five years. If the Form 990 is for the | ne organizatio | n's first_secon | d third fourth | or fifth tax v | ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | | | | | | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2018 (line 8 | | | 13 column (fl) | | 15 | % |
| 16 | Public support percentage from 2017 Sch | | | | | 16 | |
| | on D. Computation of Investment In | | | ···· | · · · · | 1.01 | |
| 17 | Investment income percentage for 2018 (| | | ov line 13. coli | ımn (fl) | 17 | % |
| 18 | Investment income percentage from 20/17 | | | | | | // |
| 19a | 331/3% support tests—2018. If the organ | | | | | | |
| 150 | 17 is not more than 33½%, check this/box | | | | | | · |
| b | 331/3% support tests—2017. If the organiz | | | | | | |
| D | line 18 is not more than 331/3%, check this l | | | | | | |
| 20 | | | | | | _ | _ |
| _20 | Private foundation. If the organization di | и поселеска | DUX OF TIME 14 | , 19a, Or 19D, 1 | CHECK THIS DOX | and see instru | ictions 🕨 🔲 |

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.)

| Secti | on A. All Supporting Organizations | art v | .) / V | 7/1 |
|-------|---|---------|--------|-----|
| | on A. All oupporting 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 | ı | | |
| 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 | | ı |
| 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 | | |
| 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 | 3с | | |
| 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 | | - |
| 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 | | |
| 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | , | ; |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | - |
| 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 | 5c | | |
| | 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | , |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9с | | ' |
| 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 | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | |

determine whether the organization had excess business holdings)

10b

| Part | Supporting Organizations (continued) | | | age C |
|-------|---|-------------|--------------|------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | j i | | |
| 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 | | |
| | 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 | | |
| Secu | on B. Type I Supporting Organizations | | 126 | |
| | Did the directors tripted or membership of one or more supported assessment beautiful assessment. | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | - | _ |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | <u> </u> | | , |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | <u>`</u> , |
| | supervised, or controlled the supporting organization | 2 | 1 | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | ١. | |
| | the supported organization(s) | 1 1 | L | L |
| Sect | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | \vdash |
| - | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | - |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 1. | | |
| | 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. | 3 | ~ " |] [|
| Sect | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | instru | ction | s). |
| а | The organization satisfied the Activities Test. Complete line 2 below | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities | | | |
| b | · | 2a | - | |
| D | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | ' | [· , |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | ١. | |
| | activities but for the organization's involvement. | 2b | - | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | 125 | | - |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| - | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | ١. | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | <u> </u> | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard | 3b | | 1 |

| | | • | | |
|--------------|------|-------|----------|------|
| Schedule A (| Form | 990 o | r 990-EZ | 2018 |

instructions).

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V | gan | izations /// | A |
|--|----------|------------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | |
| instructions. All other Type III non-functionally integrated supporting organ | nızat | ions must complete Section | ns A through E |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | , | - |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | G | | |
| 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 | 10 | (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). | <u> </u> | | : . |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | • | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | | tegrated Type III supporting | g organization (see |

| Part | Type III Non-Functionally Integrated 509(a)(3 | Supporting Organi | zations (continued) | |
|----------|--|-------------------------------------|--|---|
| Secti | on D—Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | | | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | empt purposes of suppo | orted | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | <u> </u> | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions. | h the organization is res | sponsive | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | on E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iiı) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | * * * * | • | * |
| b | From 2014 | | | |
| С | From 2015 | | | |
| <u>d</u> | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2018 distributable amount | | | |
| 1_ | Carryover from 2013 not applied (see instructions) | | | |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from | | | • |
| | Section D, line 7: | | | |
| a | Applied to underdistributions of prior years | | | |
| <u> </u> | Applied to 2018 distributable amount | | • | |
| <u>C</u> | Remainder Subtract lines 4a and 4b from 4. | | | : |
| 5 | Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3 _j and 4c. | | | |
| 8 | Breakdown of line 7 ⁻ | | · · · · · | |
| a | Excess from 2014 | 1 4 7 | | * * |
| b | Excess from 2015 | | | |
| c | Excess from 2016 | •1 | | , |
| d | Excess from 2017 | • | | |
| е е | Excess from 2018 | · | | |
| | | | | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---|---|
| Part II, Line | 10, Other Income |
| 2014 - \$4,52 | 22 miscellaneous |
| 2015 - \$20 r | niscellaneous |
| 2016 - \$107 | miscellaneous |
| 2017 - \$117 | miscellaneous |
| 2018 - \$0 | ······································ |
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| | , |

SCHEDULE Č (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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-B

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

| | ection 501(c)(4), (5), or (6) orga | | | | |
|------|------------------------------------|--|----------------------|----------------------------|---|
| | of organization | | | Employer idei | ntification number |
| NMMI | Foundation, Inc. | | | | 85-6010718 |
| Part | | e organization is exempt und | er section 501(| c) or is a section 527 | |
| 1 | | f the organization's direct and in- | | | |
| | definition of "political car | | | | |
| 2 | Political campaign activit | y expenditures (see instructions) . | | | 5 |
| 3 | | cal campaign activities (see instruc | | | |
| Part | I-B Complete if the | e organization is exempt und | | | N/A |
| 1 | Enter the amount of any | excise tax incurred by the organiza | ition under section | n 4955 ▶ \$ | B 7 1 |
| 2 | Enter the amount of any | excise tax incurred by organization | managers under | section 4955 ▶ \$ | } |
| 3 | If the organization incurre | ed a section 4955 tax, did it file For | m 4720 for this ye | ear? | Yes No |
| 4a | Was a correction made? | | | | 🗍 Yes 📋 No |
| b | If "Yes," describe in Part | IV. | | | |
| Part | I-C Complete if the | e organization is exempt und | er section 501(| c), except section 501 | (c)(3). N/A |
| 1 | Enter the amount direct | ly expended by the filing organiz | ation for section | 527 exempt function | |
| | activities | | | \$ | 3 |
| 2 | Enter the amount of the | filing organization's funds contrib | uted to other org | janizations for section | |
| | 527 exempt function acti | vities | | ▶ \$ | , |
| 3 | Total exempt function e | expenditures Add lines 1 and 2. | Enter here and | on Form 1120-POL, | |
| | line 17b | | | ▶ \$ | ; ; |
| 4 | Did the filing organization | n file Form 1120-POL for this year | ? | | Yes No |
| 5 | Enter the names, address | ses and employer identification nur | mber (EIN) of all se | ection 527 political organ | izations to which the filing |
| | organization made paymi | ents For each organization listed, | enter the amount | paid from the filing organ | ization's funds. Also ente |
| | | ontributions received that were pro- | | | |
| | as a separate segregated | fund or a political action committe | e (PAC). If additior | nal space is needed, provi | de information in Part IV. |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | | | | filing organization's | contributions received and |
| | | | | funds If none, enter -0- | promptly and directly delivered to a separate |
| | | | | | political organization |
| | | | | | If none, enter -0- |
| (1) | | | | | |
| | | | | | |
| (2) | | | | | |
| | · | | | | |
| (3) | | | | | |
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| (4) | | ļ | | | |
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| (5) | | | | | |
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| (6) | | ļ | | | |

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|----------|---------|--------|------|----|-----|---|
| Schedule | C (Form | 990 or | 990- | F7 | 201 | R |

Page 2

| Sched | ule C (Form 330 or 330-EZ) 2018 | | | | | Page 2 |
|------------|---|------------------|---|--------------------|-----------------------|----------------|
| Par | Complete if the organization section 501(h)). | is exempt | under section 5 | 01(c)(3) and file | d Form 5768 (ele | |
| A (| check ▶ ☐ if the filing organization belong address, EIN, expenses, and s | | | | liated group membe | er's name, |
| B (| Check ► ☐ if the filing organization check | ed box A and | "limited control" p | rovisions apply. | | |
| | Limits on Lobb | ying Expendit | tures | | (a) Filing | (b) Affiliated |
| | (The term "expenditures" me | ans amounts | paid or incurred | .) | organization's totals | group totals |
| 1a | Total lobbying expenditures to influence | public opinion | (grass roots lobb | yıng) | | |
| b | Total lobbying expenditures to influence | a legislative bi | ody (direct lobbyin | g) | | ' |
| c | Total lobbying expenditures (add lines 1a | and 1b) | | | | |
| c | Other exempt purpose expenditures . | | | | | |
| e | Total exempt purpose expenditures (add | lines 1c and 1 | ld) | | | |
| f | Lobbying nontaxable amount. Enter t columns. | he amount f | rom the followin | g table in both | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying | nontaxable amour | nt is: | • | |
| | Not over \$500,000 | 20% of the ar | mount on line 1e. | | | , |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plu: | s 15% of the excess | over \$500,000. | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plu: | s 10% of the excess | over \$1,000,000. | | , |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plu: | s 5% of the excess of | over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| ç | • | , | | | | |
| r | Subtract line 1g from line 1a. If zero or le | ss, enter -0- | | | | , . <u></u> |
| i | Subtract line 1f from line 1c. If zero or les | | | | | |
| J | If there is an amount other than zero reporting section 4911 tax for this year? | | | d the organization | | Yes No |
| | (Some organizations that made a sec | tion 501(h) el | Period Under Se- ection do not hav ructions for lines | e to complete all | of the five column | s below. |
| | Lobbying | Expenditures | During 4-Year A | veraging Period | 7 | |
| | Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 28 | Lobbying nontaxable amount | | | | | |
| k | Lobbying ceiling amount (150% of line 2a, column (e)) | . | , | | | |
| | Total lobbying expenditures | | | | | |
| | Grassroots nontaxable amount | | | | | |
| | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f | Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

| Part | Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | filed | Form | า 5768 | |
|---------|--|---------------------------------------|----------|-------------|-------------|
| For e | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | (; | a) | | (b) |
| | option of the lobbying activity. | Yes | No | Ar | mount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | |
| а | Volunteers? | 1. | 1 | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | 1 | | |
| С | Media advertisements? | / | | | 4,13 |
| d | Mailings to members, legislators, or the public? | | 1 | | |
| е | Publications, or published or broadcast statements? | | ✓ | | |
| f | Grants to other organizations for lobbying purposes? | | ✓ | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | √ | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . | | ✓ | | |
| i | Other activities? | <u> </u> | ✓ | | |
| j | Total. Add lines 1c through 1i | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | <u></u> | ✓ | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | N/A |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | ١., | 1 | | N/A |
| Part | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 77 | otion. | |
| | 501(c)(6). | ,)(S), (| JI 56 | | Y/A |
| | | | | | 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? | | | 2 | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | L |
| Part | 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," canswered "Yes." | | | | line 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). | s of | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | 2b | | |
| C | Total | | 2c | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion o excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe and pathod agree to carryover to the reasonable estimate of nondeductible lobbe agree to carryover to the reasonable estimate to the reasona | ying | | | |
| 5 | and political expenditure next year? | • | 4 | | |
| Par | | • • | 5 | L | |
| Provid | le the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gruinstructions), and Part II-B, line 1. Also, complete this part for any additional information. | oup lis | t), Pai | rt II-A, lı | nes 1 and |
| | | | | | |
| | Line 1c - Media Advertisements | | | | |
| The Fo | oundation provided funds for a billboard advertisement and printing of postcards for the G.O. Bond Cam | oaign. | | | |
| | | | | | |
| | ······································ | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

| | oundation, Inc. | | 85-6010718 |
|-------|--|---|---|
| Part | | | |
| | Complete if the organization answered | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| 4 | Total number at and of year | (a) Donor advised funds | (b) Funds and other accounts |
| | Total number at end of year | | |
| | Aggregate value of contributions to (during year) | | <u> </u> |
| | Aggregate value of grants from (during year) . | | |
| | Aggregate valuc at end of year | or advisors in writing that the appets h | pold in donor advised |
| | funds are the organization's property, subject to t | | |
| | | | |
| U | Did the organization inform all grantees, donors, only for charitable purposes and not for the ben | eft of the donor or donor advisor, or f | for any other purpose |
| | | | |
| Part | | <u> </u> | · · · · · L_Tes No |
| , are | Complete if the organization answered | "Yes" on Form 990 Part IV line 7 | N/A |
| 1 | Purpose(s) of conservation easements held by the | | |
| | Preservation of land for public use (e.g., recre | | of a historically important land area |
| | Protection of natural habitat | | of a certified historic structure |
| | ☐ Preservation of open space | _ Treservation o | a detailed filstorie structure |
| | Complete lines 2a through 2d if the organization I | held a qualified conservation contribution | on in the form of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| | | | 2a |
| | Total acreage restricted by conservation easemen | | · · · · · · · · · · · · · · · · · · · |
| | Number of conservation easements on a certified | | |
| | Number of conservation easements included in | | |
| | historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, tra | nsferred, released, extinguished, or teri | minated by the organization during the |
| | tax year ► | | |
| 4 | Number of states where property subject to cons | servation easement is located > | |
| 5 | Does the organization have a written policy r | egarding the periodic monitoring, ins | spection, handling of |
| | violations, and enforcement of the conservation e | | - |
| 6 | Staff and volunteer hours devoted to monitoring, insp | ecting, handling of violations, and enforcing | ng conservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspect | ting, handling of violations, and enforcing | conservation easements during the year |
| | \$ | | |
| | Does each conservation easement reported on lin | | |
| | and section 170(h)(4)(B)(ii)? | | |
| | In Part XIII, describe how the organization reports | | |
| | balance sheet, and include, if applicable, the text | | nancial statements that describes the |
| | organization's accounting for conservation easen | | |
| Part | | | |
| 10 | Complete if the organization answered | | - · · · · · · · · · · · · · · · · · · · |
| | If the organization elected, as permitted under S works of art, historical treasures, or other simila | | |
| | public service, provide, in Part XIII, the text of the | | |
| | | | |
| | lf the organization elected, as permitted under works of art, historical treasures, or other simila | | |
| | public service, provide the following amounts rela | | addation, or research in furtherance of |
| | | | > \$ |
| | (i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of a | rt. historical treasures, or other similar | r assets for financial gain, provide the |
| | following amounts required to be reported under | SFAS 116 (ASC 958) relating to these i | tems |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| h | Assets included in Form 990. Part X | | • • • • • • • • • • • • • • • • • • • |

| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tems (check all that apply): a ☑ Public exhibition b ☐ Scholarly research c ☐ Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII. 5 During the year, did the organization solicit or receive donations of art, instorical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ I yes ☑ No Part IV ☐ Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount op Form 990, Part X, line 21. 1a Is the organization an agent, tristee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2? ☐ I depend on Part XIII and complete the following table: C Beginning balance ☐ I depend on Part XIII and complete the following table: C Beginning balance ☐ I depend on Part XIII and complete the following table: Armount I depend on Part XIII ☐ Part XIII and complete the following table: Armount I depend on Part XIII ☐ Dependent on Part XIII ☐ Depend on Part XIII ☐ Depend on Part XIII ☐ Depend on Part XIII ☐ Depend on Part XIII ☐ Depend on Part XIII ☐ Depend on Part XIII ☐ Depend on Part XIII ☐ Depend on Part XIII | Part | III Organizations Maintaining | Collections of | Art, Historical | Treasures | , or Ot | her Similar A | ssets | (conti | inued) |
|--|--------|--|---|----------------------|--------------------|----------|------------------|------------------|-----------------|-----------------|
| b Scholarly research e Other | 3 | | | her records, che | ck any of th | e follov | ving that are a | sıgnıfı | cant us | se of its |
| c ☐ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No Part IV. | а | ✓ Public exhibition | | d 🗌 Loar | n or exchang | ge progi | rams | | | |
| c ☐ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No Part IV. | b | ☐ Scholarly research | | e 🗌 Othe | er | | | | | |
| Still. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization? □ Yes ☑ No Part IV □ Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance □ 1 □ Amount □ □ □ □ □ □ □ □ □ □ | С | | | | | | | | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Beginning balance Complete the following table: Beginning balance In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ret investment earnings, gains, and losses Contributions 34,726,072 32,600,718 29,203,688 30,773,597 30,120,665 1,770,009 1,770,1717 (701,433 e) Chher expenditures for facilities and programs (670,448) (787,484) (767,809) (658,430) (700,495 f) Administrative expenses 43,724,526 34,726,072 32,600,718 29,203,688 30,773,597 (701,433 e) Chher expenditures for facilities and programs (670,448) (787,484) (767,809) (658,430) (700,495 f) Administrative expenses 43,724,526 34,726,072 32,600,718 29,203,688 30,773,597 (701,433 e) Chher expenditures for facilities and programs (670,448) (787,484) (767,809) (658,430) (700,495 f) Administrative expenses 43,724,526 34,726,072 32,600,718 29,203,688 30,773,597 (701,433 e) Chher expenditures for facilities and programs (670,448) (787,484) (767,809) (658,430) (700,495 f) Administrative expenses on lines 2a, 2b, and 2c should equal 100%. As retired endowment 1 long should equal 100%. As retired endowm | 4 | | tion's collections a | and explain how | they further | the org | anization's exe | mpt p | urpose | ın Part |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | 5 | | | | | | | _ |] Yes | ☑ No |
| 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Beginning balance Amount Ic Amount C Beginning balance Id Beginning the year Id Distributions during the year Id Distributions Id Distributions C Diff Yes," explain the arrangement in Part XIII. Check here if the espanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Amount Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Amount Amount Amount Amount Amount Id Amount Amount Id Distributions Amount Amount Amount Amount Id Distributions Amount Amount Amount Amount Id Distributions Amount Id Distributions during the year Id Distributions during the year Id Amount Am | Par | | | | | | | | | |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | | | answered "Yes' | " on Form 990, | Part IV, line | e 9, or | reported an a | mour | it on F | orm |
| Included on Form 990, Part X? | | 990, Part X, line 21. | | | | | | | <u> </u> | |
| C Beginning balance | | included on Form 990, Part X? | | | | tions or | other assets i | 10t |] Yes | ☐ No |
| C Beginning balance 1c 1d 1d 1e 1d 1e 1f 1d 1e 1f 1f 1f 1f 1f 1f | b | If "Yes," explain the arrangement in Pa | art XIII and comple | ete the following | table [.] | _ | | | | |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | | | | | | | • | Amou | <u>nt</u> | |
| Ending balance Tending ba | С | | | | | | + | | | |
| Finding balance Tit Tit | d | | | | | 1d | | | | |
| Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | | ÷ - | | | | <u> </u> | | | | |
| Description of property | | • | | | | | | | | |
| Part V | | | | | | | | | | ∐ No |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years b | | | art XIII. Check here | e if the explanation | on has been | provide | ed on Part XIII | • | : | |
| 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (| Par | | | . F 000 | D- 4 N/ 1 - | - 40 | | | | |
| 1a Beginning of year balance 34,726,072 32,600,718 29,203,688 30,773,597 30,120,665 b Contributions 8,461,850 724,540 691,119 698,565 1,170,806 c Net investment earnings, gains, and losses 1,950,993 2,897,610, 4,189,139 (728,327) 884,056 d Grants or scholarships (743,941) (709,312) (715,419) (871,717) (701,433 e Other expenditures for facilities and programs (670,448) (787,484) (767,809) (668,430) (700,495 f Administrative expenses 2 | | Complete if the organization | | | | | (d) Three was be | -1/ /- | V C = 1 = 1 = 1 | ara baali |
| b Contributions | 4- | Danis and a same balance | | | | | | - + - | • | |
| C Net investment earnings, gains, and losses | | | ` | | | | | | | |
| Sosses 1,950,993 2,897,610, 4,189,139 (728,327) 884,056 | | 1 | 8,461,850 | 724,54 | 0 | 691,119 | 698,5 | 65 | 1 | <u>,170,806</u> |
| d Grants or scholarships | C | | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | | | |
| programs | | | (743,941) | (709,312 | 2) (7 | 15,419) | (871,7 | 17) | | 701,433) |
| f Administrative expenses | - | | (070.440) | (707.40 | | | (000.4 | 20) | , | (300 405) |
| g End of year balance | • | | (670,448) | (181,484 | <u> </u> | 67,809) | (668,4 | 30) | | 700,495) |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 0% b Permanent endowment ▶ 60% c Temporarily restricted endowment ▶ 40% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations | | · | 42 724 526 | 24 726 07 | 2 22 | 600 710 | 20 202 6 | | | 772 507 |
| a Board designated or quasi-endowment ▶ 0% b Permanent endowment ▶ 60% c Temporarily restricted endowment ▶ 40% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(ii) ✓ (ii) related organizations . 3a(ii) ✓ b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b ✓✓ 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (investment) (other) 3,620,437 | _ | | | | | | | 001 | 30 | ,113,391 |
| b Permanent endowment ► 60% c Temporarily restricted endowment ► 40% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations | | , . | • | | g, coluinii (c | ij) Held | as | | | |
| Temporarily restricted endowment ► 40% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations | | - · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations | | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations | | · · · · · · · · · · · · · · · · · · · | | 00% | | | | | | |
| organization by: (i) unrelated organizations | За | | | | nat are held | and ad | ministered for | the | | |
| (ii) unrelated organizations | | | ' | J | | | | | Υe | es No |
| (ii) related organizations | | (i) unrelated organizations | | | | | | . [3 | 3a(i) ✓ | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | (ii) related organizations | | | | | | | | 1 |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land | b | If "Yes" on line 3a(ii), are the related o | rganizations listed | as required on S | Schedule R? | | | | | NIA |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 3,620,437 3,620,437 | 4 | | | | | | | _ | | 12.7 |
| Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (in | Par | VI Land, Buildings, and Equip | oment. | | | | | | | |
| (Investment) (other) depreciation 1a Land | | Complete if the organization | answered "Yes | " on Form 990, | Part IV, lin | e 11a. | See Form 990 |), Par | t X, line | e 10. |
| | | Description of property | 1 ' ' | 1 ' ' | | | l l | (d) |) Book va | alue |
| | 1a | Land | | 3,620,437 | | | | | 3 | ,620,437 |
| | | Dividence | | 193,165 | | | | | | 193,165 |
| c Leasehold improvements | С | J | | | | ļ | · · · · · · | | | |
| | d | | | | 18,150 | | 16,804 | | | 1,346 |
| e Other | е | Other | | | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) ▶ 3,814,948 | Total. | Add lines 1a through 1e. (Column (d) n | nust equal Form 9 | 90, Part X, colum | nn (B), line 10 | Oc) | | | 3 | 3,814,948 |

| Part VII | Investments – Other Securities. | | | |
|------------------|--|--------------------------|----------------------|--|
| , | Complete if the organization answered "Yes" on For | m 990, Part IV, line | e 11b. See Forn | n 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Me | thod of valuation d-of-year market value |
| (1) Financial | derivatives | | | |
| (2) Closely-h | neld equity interests | | | |
| (3) Other We | ellington Funds-Research Equity, Archipelago, MCap, Energies | 16,394,414 | | |
| | artners, Kabouter and Indus International Funds | 5,859,144 | | |
| | ck Stable Fund | 2,282,584 | | |
| | on Kempner and RIDA Absolute Return Funds | 2,916,419 | | |
| | Core Bond Fund II, LLC | 3,972,457 | | |
| | ee and Farallon Capital Absolute Return Funds | 3,000,000 | | |
| | Springs Capital Small Cap Fund | 1,886,114 | | |
| | rt Asia Institutional Fund LP | 1,939,668 | | |
| | n, Golub Capital, Davidson Kempner - Prıvate Capıtal Funds | 2,035,287 | | |
| | b) must equal Form 990, Part X, col (B) line 12) ▶ | 40,286,087 | | |
| Part VIII | Investments – Program Related. | | | |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, lin | e 11c. See Forn | n 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Me | ethod of valuation 3-of-year market value |
| | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | _ | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (| b) must equal Form 990, Part X, col (B) line 13.) ▶ | 0 | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, lin | e 11d. See Forn | n 990, Part X, line 15. |
| | (a) Description | | | (b) Book value |
| (1) Sketchb | ook - "Excerpts From My Sketchbook - 1944" by Peter Hurd | | | 50,000 |
| (2) Estate o | f Gilbert Cain Art | | | 31,105 |
| (3) Benefici | al Interest in Perpetual Trust with Albuquerque Community Fou | ındatıon | | 724,466 |
| (4) Cash Su | rrender of Life Insurance Policies | | | 746,012 |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| _(8) | | | | |
| (9) | | * . | | |
| | mn (b) must equal Form 990, Part X, col (B) line 15.) | | <u></u> | 1,551,583 |
| Part X | Other Liabilities. | | | 5 5 · · · · |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, lin | e 11e or 11f. Se | e Form 990, Part X, |
| | line 25. | | | |
| 1. | (a) Description of liability (b) Book value | · · | • | • |
| (1) Federal in | icome taxes | | 1 | , 1 11 |
| (2) | | | | |
| (3) | | | 1 | • |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | 41 15 200 P 14 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 25) ▶ | 0 | | |
| 2. Liability to | r uncertain tax positions. In Part XIII, provide the text of the footn | ote to the organization | n's financial statem | ents that reports the |
| organization: | s liability for uncertain tax positions under FIN 48 (ASC 740). Che | ck nere if the text of t | ne rootnote has be | en provided in Part XIII 🔲 |

| Par | Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, | | | Return. | |
|---------------|---|----------------|---|--|-------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 5,775,302 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | | | 3,773,302 |
| а | Net unrealized gains (losses) on investments | 2a | 683,682 | | |
| b | Donated services and use of facilities | 2b | 4,000 | 1 | |
| С | Recoveries of prior year grants | 2c | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| d | Other (Describe in Part XIII.) | | (723) | | |
| е | Add lines 2a through 2d | | | 2e | 686,959 |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,088,343 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . | 4a | 150,877 | | |
| b | Other (Describe in Part XIII.) | 4b | 5,760,997 | " | |
| C | Add lines 4a and 4b | | | 4c | 5,911,874 |
| _ 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | 11,000,217 |
| Part | · · · · · · · · · · · · · · · · · · · | | • | r Return | • |
| | Complete if the organization answered "Yes" on Form 990, | Part IV, I | ine 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,959,050 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facilities | 2a | 4,000 | | |
| b | Prior year adjustments | 2b | | | |
| C | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 3,000 | 1 ' | |
| е | Add lines 2a through 2d | • | | 2e | 7,000 |
| 3 | Subtract line 2e from line 1 | 1 1 | | 3 | 1,952,050 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 150,877 | | |
| b | Other (Describe in Part XIII.) | 4b | | 4. | |
| с 5 | Add lines 4a and 4b | ne 18) | | 4c | 150,877 |
| Part | | 16 10.) | | 5 | 2,102,927 |
| | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar | nd 4 Part | IV lines 1h and 2h | Part V Iu | ne 4: Part X line |
| | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par | | | | |
| | I, Line 4 - The NMMI Foundation received on December 22, 1999 a donation of | | | | |
| <u>raitii</u> | Line 4 - The Minist Foundation received on December 22, 1999 a donation of | a skettiibt | ok entitled Excert | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| From | My Sketchbook - 1944" by Peter Hurd. The sketchbook was appraised at \$50, | 000 In acc | ordance with the de | nnor's | |
| 1.19111 | my Sheteribook - 1344 by reter ridid. The Sketeribook was appraised at 400, | <u> </u> | ordance with the di | 21101.3 | |
| wishe | s the sketchbook is displayed in the NMMI Toles Learning Center where it is p | roperly ma | intained, preserved | and | |
| | | 11461511411115 | | | |
| protec | ted from fire, theft, vandalism and other elements. Peter Hurd, a very promine | ent artist, v | vas a Life Magazine | war | |
| | | | | | |
| corres | spondent when he did the sketchbook. Acquisition and display of this book fu | ırthers the | Foundation's exem | pt | |
| | | | | | |
| purpo | se of supporting the educational mission of NMMI. | | | | |
| | | | | | |
| | , | | | | |
| | | | | | |
| Part V | - Endowment Funds; Line 1b, Column (a) - Contributions | | | | |
| | | | , | | |
| Contri | butions to endowment funds include the following | | | | |
| 00-4- | ibutions from donors | | | | |
| Contri | butions from donors 2,700,853 | | | | |
| Tranci | fer from NMMI 5,760,997 See "Transfer from NMMI" de | corintian f | ollowing on page 5 | of thic Cab | odulo D |
| 110115 | G HOTT MAINTED HOTT MAINTING QUE | aci ihrioii I | onowing on page 3 | oi uns sch | edule D |
| Total | 8,461,850 | | | | |
| | | | | | |

| Part XIII Supplemental Information (continued) |
|---|
| Part V; Line 4'- NMMI Foundation endowment funds are invested in perpetuity to provide financial support for NMMI |
| projects and programs. Projects and programs include cadet scholarships, leadership center activities, |
| professorships and chairs, academic excellence programs, athletic programs and other programs that promote the |
| growth, welfare and maintenance of NMMI. |
| ····· |
| Part XI; Line 2d Other - Amounts included on line 1 but not on Form 990, Part VIII, linc 12 |
| Interfund transfer 3,000 |
| Prior period adjustment (3,723) Adjustment to value of artwork donated in a prior year and held for resale |
| Total (723) |
| ······ |
| "Transfer from NMMI" |
| Part XI, Line 4b Other - Amounts included on Form 990, Part VIII, line 12, but not on line 1 |
| Transfer from NMMI 5,760,997 |
| During the fiscal year ended June 30, 2019, NMMI's former alumni association was judicially dissolved and its remaining assets were ordered |
| transferred to NMMI or, as permitted by a Fifth Judicial District Court Order, to the Foundation for management and administration if so |
| directed by NMMI. NMMI requested the Foundation take custody and control of the distributed funds for continued management and |
| administration. The Foundation agreed to accept the funds and in June 2019, NMMI transfered \$5,760,997 to the Foundation. |
| ······ |
| Part XII, Line 2d Other - Amounts included on line 1 but not on Form 990, Part IX, line 25. |
| Interfund transfer 3,000 |
| Total 3,000 |
| |
| |
| |
| |
| |
| |
| |

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Employer identification number

| | Foundation, Inc. | | | | | 85-6010718 |
|------|---|---|--|--|---|---|
| Par | General Information Form 990, Part IV, line | on Activit | ties Outside | the United States. Con | nplete if the organization a | answered "Yes" on |
| 1 | For grantmakers. Does the other assistance, the grante award the grants or assistan | es' eligibility | , for the gran | ts or assistance, and the | | ☐ Yes ☐ No |
| 2 | For grantmakers. Describe outside the United States. | in Part V the | e organization | 's procedures for monitorin | ng the use of its grants ar | nd other assistance |
| 3 | Activities per Region. (The fo | llowing Part | I, line 3 table | can be duplicated if addition | nal space is needed) | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in 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) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| (1) | Central America/Caribbean | N/A | N/A | Investments | N/A | 13,197,277 |
| (2) | East Asia and the Pacific | N/A | N/A | Investments | N/A | 4,230,385 |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| (11) | | | | | | |
| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| 3a | Subtotal | | | | | 17,427,662 |
| b | Total from continuation sheets to Part I | | | , | , | |

c Totals (add lines 3a and 3b)

17,427,662

% Form 990, (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ (h) Description of noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt (g) Amount of noncash assistance (f) Manner of cash disbursement by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (e) Amount of cash grant (d) Purpose of grant Enter total number of other organizations or entities (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II . (10) (11) (12) (13) (14) Ξ 2 ල 3 9 8 8 ව (15)(16) 2 က

Schedule F (Form 990) 2018

Page 3

Schedule F (Form 990) 2018

| Part III Grants and Other A. Part III can be duplic | Grants and Other Assistance to Individuals Part III can be duplicated if additional space is | als Outside tl | he United States | s. Complete of the | organization ansv | Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. | 0, Part IV, line 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) | | | | | | | |
| (9) | | | | | | | |
| (6) | | | | | | | |
| (2) | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | : | | | | |
| | | | | | | 1-0 | 0,000 0000 |

Schedule F (Form 990) 2018

| الماسام مطما | /r | 000 | 2010 |
|--------------|--------|------|------|
| Schedule Fi | COIIII | aan) | 2010 |

Page 4

| Part | V Foreign Forms | | |
|------|--|-------|------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | ☐ Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A; 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 |

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

| % 07 | en to Public Inspection |
|-------------|----------------------------|
| Ø | Oper |

OMB No 1545-0047

Employer identification number 85-6010718

| NMMI Foundation, Inc. | | | | | | | 85-6010718 |
|--|--------------------------------------|------------------------------------|--|--|---|---|---|
| Part I General Information on Grants and Assistance | າ on Grants and | Assistance | | | | | |
| 1 Does the organization maintain records to substantiate | ain records to sub | stantiate the amou | int of the grants or | assistance, the g | rantees' eligibility for | the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | : |
| the selection criteria used to award the grants or assistance? | award the grants | or assistance? | | ods of the United | States | | . · · · Yes · · No |
| | | | ייים מומיים מומיים מומיים | | Orango. | 1 | 000 |
| Part IV, line 21, for any recipient that received | ssistance to Do ny recipient that | mestic Organiz received more th | ations and Dom an \$5,000. Part I | estic Governm I can be duplica | Organizations and Domestic Governments. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed | tne organization answipace is needed. | Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, I more than \$5,000. Part II can be duplicated if additional space is needed. |
| 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) New Mexico Military Institute | | | | | | | |
| Roswell, NM 88201 | 85-6000408 | NWM | 743,535 | | | | NMMI Cadet Scholarships |
| (2) New Mexico Military Institute | 85_6000408 | NINGRAI | 242 830 | | | | Leaderchin Center One |
| (3) New Mexico Military Institute | 2000000 | | 243,023 | | | | בכמכן אוווא פכוונכן פאס |
| Roswell, NM 88201 | 85-6000408 | NMN | 151,891 | | | | Institutional Advancement |
| (4) New Mexico Military Institute | | | | | | | |
| Roswell, NM 88201 | 85-6000408 | NMMI | 145,102 | | | | Academic Programs |
| (5) New Mexico Military Institute | | | | | | | |
| Roswell, NM 88201 | 85-6000408 | NMMI | 93,014 | | | | Athletic Programs |
| (6) New Mexico Military Institute | | | | | | | |
| Roswell, NM 88201 | 85-6000408 | NMMI | 81,171 | | | | Recruiting & Admissions |
| (7) New Mexico Military Institute | | | | | | | |
| Roswell, NM 88201 | 85-6000408 | NWMI | 38,648 | | | | Real Property - Land |
| (8) New Mexico Military Institute | | | | | | | |
| Roswell, NM 88201 | 85-6000408 | NWMI | 31,300 | | | | Cadet Activities |
| (9) New Mexico Military Institute | | | | | | | |
| Roswell, NM 88201 | 85-6000408 | NMMI | 14,663 | | | | Faculty/Staff Support |
| (10) New Mexico Military Institute | | | | , | | | |
| Roswell, NM 88201 | 85-6000408 | NMMI | 5,253 | | | | Chaplain Programs |
| (11) | | | | | • | | |
| | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government | 501(c)(3) and gov | vernment organiza | organizations listed in the line 1 table | ne 1 table | | | |
| The rotal number of other organizations listed in the line 1 table | roanizations lister | oldet to line 1 table | > 5 | | | | - |

Schedule 1 (Form 990) (2018)

Cat No 50055P

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

Part III

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

| | i ait iii caii be dupiicated ii additioliai space is lieeded. | space is liceded | ٦. | | | |
|---------|---|--------------------------|--------------------------|----------------------------------|--|---------------------------------------|
| | (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 | ĸ | 25,500 | | | |
| 2 Trave | 2 Travel Funds for Hawaiian Cadets | 16 | 6,400 | | | |
| 3 Cadet | 3 Cadet Awards and Sabers | 14 | 5,100 | | | |
| 4 | | | | | | |
| လ | | | | | | |
| မှ | | | | | | |
| 7 | | | | | | |
| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | the information re | equired in Part I, line | 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.

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

donor criteria and NMMI policies as monitored by the NMMI Scholarship Committee. The NMMI Office of Financial Aid monitors the recipients eligibility throughout the year.

Faculty Professorships and Chairs are awarded based on donor criteria and NIMMI quidelines. 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

gualifying cadets and monitor compliance.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

Employer identification number

85-6010718

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

OMB No 1545-0047

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

| Scriedule O (Form 990 or 990-E2) (2018) | Page 2 |
|--|--|
| Name of the organization NMMI Foundation, Inc. | Employer identification number 85-6010718 |
| ` | 03-00-107-10 |
| | |
| Line 12c. Each member of the the Board of Trustees and all employees of the Foundation are required to o | disclose |
| annually in writing any interests that could give rise to conflicts of interest as well as abide by the Founda | tion Conflict of Interest |
| Policy. In accordance with the policy, if a conflict of interest arises with a voting member of the Board of 1 | Frustees, that |
| member must recuse themself from any and all votes in regard to the matter in conflict. If a conflict is disc | closed or arises |
| during the year, the Board of Trustees will review the situation and then determine the proper action for th | e Foundation. |
| The President & CEO and at least one other Board Member review all disbursements of the Foundation. Fi | ınancial |
| statements, budget and investment information are provided to the Executive Committee monthly for revie | |
| | |
| Line 15: The five independent members of the Evecutive Committee of the Equadator conveils | |
| Line 15. The five independent members of the Executive Committee of the Foundation annually review the | |
| 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 upcomin | g fiscal year. |
| The entire Board of Trustees approves these salaries and benefits in conjunction with approving the annu | al budget. |
| | |
| Line 19 The following documents are available at the Foundation's website at www.nmmi.edu/founda | tion |
| 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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