Form 990-T	E	xempt Organizatio					ırn 1806	ОМВ	No 1545-0687
	(and proxy tax under section 6033(e)) /2 For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 20						, 20 1 8	G) ∩ 1 7
Description of the Treasure	l or care	► Go to www.irs.gov/Form990T for instructions and the latest information.					' 20	4	4W 1
Department of the Treasury Internal Revenue Service	▶Do	not enter SSN numbers on this f					1(c)(3)	Open to 501(c)(3)	Public Inspection for Organizations Only
A Check box if address change				me changed and see			D Empl	oyer identif	fication number
B Exempt under section	 	NEW MEXICO STATE				INC.	┨		
X 501(C)(<u>23</u>)	Print	Number, street, and room or suit	eno IfaPO	box, see instructions	s		<u> </u>	170157	
408(e) 220(d	Type	DO DOW 2500						iated busin hstructions)	ess activity codes
408A530(a	1)	PO BOX 3590		710 (4	-	
529(a)	-	LAS CRUCES, NM 8			code		5259	0.0	
C Book value of all assets at end of year	<u> </u>	oup exemption number (See ins					3239	90	
213,881,098.		eck organization type X			501/0) trust	401(a)	truet	Other trust
		primary unrelated business activ				ENT 1	40 I(a)	tiust	Other trust
		corporation a subsidiary in an					2	•	Yes X No
- · · · · ·		I identifying number of the pare	_		, co. c. c. y	50/10/50/50 g/ 50/p			
		THE ORGANIZATION			Telephor	ne number > 5	75-646	-1613	
Part I Unrelated	Trade	or Business Income		(A) Incom		(В) Ехр			(C) Net
1a Gross receipts o	sales					1			
b Less returns and allow	vances	c Balar	nce ▶ <u>1c</u>						
2 Cost of goods s	old (Sched	dule A, line 7)	2				······	į	
		2 from line 1c							
		attach Schedule D)							
		, Part II, line 17) (attach Form 4797							
		trusts		17	725.	7.00011		-	17 700
		ips and S corporations (attach stater		17,	, 725.	ATCH		1	17,725.
		· · · · · · · · · · · · · · · · · · ·						 	
_		ncome (Schedule E)						 	
		ents from controlled organizations (Sched 01(c)(7), (9), or (17) organization (Sched	·					+	
		income (Schedule I)	· · · / - · · ·					1	
· · · · · · · · · · · · · · · · · · ·	-	dule J)						1	
		ctions, attach schedule)						1	
•		rough 12		17,	725.				17,725.
Part II Deduction	ns Not	Taken Elsewhere (See	instructio	ns for imitation	ns on c	leductions)	(Except	for contr	ibutions,
deductio	ns mus	t be directly connected w	vith the ur	related busine	දෙ ලැබ	THED .			
14 Compensation of	of officers,	, directors, and trustees (Schedu	ıle K)				14 ، ار	<u> </u>	
15 Salaries and wa	ges			🔯 N	1AY .2	1 2019 18	3 . 15	<u> </u>	· · · · · · · · · · · · · · · · · · ·
							16	 	
17 Bad debts	• • • • •		• • • • •		CDE		€ h · 17		
							, ,	 	763.
		See instructions for limitation ru							703.
		1 4562)					20		
		d on Schedule A and elsewhere					22b		
		compensation plans							
		is							
26 Excess exempt	expenses (Schedule I)					26		
27 Excess readersh	ıp costs (S	Schedule J)					27		
		schedule)							
29 Total deduction	s. Add line	es 14 through 28,					29	ļ	763.
		ble income before net opera	-				———		16,962.
		tion (limited to the amount on li						1	16,962.
		le income before specific dedu			-		· · · —		1 000
		rally \$1,000, but see line 33 in							1,000.
		able income. Subtract line 3			•		, I		0.
For Paperwork Reduc	tion Act I	r line 32	 .		· · · ·	<u> </u>	34	Fo	om 990-T (2017)
7X2740 2 000 65410E 17	22 5/	3/2019 11:49:04	AM V 1	7-7.10	;	3460438	a10		PAGE 57
							m L'	<u>_</u>	

Par	t III ' Tax Computation				
35、	Organizations Taxable as Corporations. See instructions for tax computation Controlled group	ł			
	members (sections 1561 and 1563) check here ▶				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$]			
	(2) Additional 3% tax (not more than \$100,000)				
С	Income tax on the amount on line 34	35c			
36	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on				
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041).	36			
37	Proxy tax. See instructions	37			
38	Alternative minimum tax	38			
39	Tax on Non-Compliant Facility Income. See instructions	39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40			
Par	t IV Tax and Payments				
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a				
	Other credits (see instructions)] [
	General business credit Attach Form 3800 (see instructions)	1 1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 41a through 41d	41e			
42	Subtract line 41e from line 40	42			
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	43			
44	Total tax. Add lines 42 and 43	44			0.
45 a	Payments A 2016 overpayment credited to 2017				
	2017 estimated tax payments	j			
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)	1 1			
	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (Attach Form 8941)	1 1			
g	Other credits and payments Form 2439				
	Form 4136 Other Total ▶ 45g				
46	Total payments. Add lines 45a through 45g	46			
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48			
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49			
50	Enter the amount of line 49 you want	50			
Par	tV Statements Regarding Certain Activities and Other Information (see instructions	3)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or		•	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	•		i	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign	country		
	here >				Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?.			X
	If YES, see instructions for other forms the organization may have to file				
<u>53</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
٥.	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my	knowledge a	and beli	ef, it is
Sig		y the IR	S discuss	this r	return
Her			reparer sh	own_t	elow
	<u> </u>	nstruction:	_	s	No
Paid	Print/Type preparer's name Preparer's signature Check LORI A MCLAUGHLIN Preparer's signature Check Signature Check Signature Signatur	, Ll ıf	PTIN	na = =	_
	NOTE THE PROPERTY OF THE PROPE	mployed	P012		
	Only		3-55652		
	Firm's address ► 210 PARK AVE., SUITE 2650, OKLAHOMA CITY, OK 73102 Phone	no 4 (05-239-	-641	1

Form **990-T** (2017)

Form 990-T (2017)

Schedule F - Interest, Ann	uities, Royalties	Ť				_	audiis (se	e instructio	115)	
•		Exem	ipt Co	ntrolled Or	ganızatı	ons				
Name of controlled organization	2. Employer identification numb			ated income	4. Total of specified payments made		fied included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)										
(2)										
							- 			
(3)							 			
(4)					<u> </u>		<u> </u>			l
Nonexempt Controlled Organ	izations									
7. Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific ayments made		inc	Part of column luded in the co anization's gros	ontrolling		Deductions directly inected with income in column 10
(1)										
(2)						-	-			
(3)								Ī		
(4)								i		· · · · · · · · · · · · · · · · · · ·
(4)		l l				Δ.	dd columns 5	and 10		id columns 6 and 11
Totals	· • • • • • • • • • • • • • • • • • • •			<u></u>	▶	En Pa	ter here and or irt I, line 8, colu	page 1, umn (A)	Ent	er here and on page 1, rt I, line 8, column (B)
Schedule G - Investment I	ncome of a Sec	tion 501(c)(7),	(9), or (17) Orga	nizati	on (see ins	tructions)		
1. Description of income	2 Amount of	fincome		3 Deduction directly contact (attach sci	nnected			et-asides i schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)	 		\top	,		\neg			\dashv	F
(2)	-		1						-+	· · · · · · · · · · · · · · · · · · ·
	 		+			+			\dashv	
(3)			+						\dashv	
(4)	Fatarbara and		1							F-4
Totals	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Ex	romnt Activity In	some Oth	or Th	an Advort	cina In	como	. /aaa inatri	ictions)		
Schedule 1 - Exploited Ex	empt Activity in	come, ou	er m	an Advert	ising in	Come	(see instri	Jetions)		1
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	y with n of ed	4. Net incor from unrela or business 2 minus co If a gain, c cols 5 thm	ted tradé (column lumn 3) ompute	5 Gross income from activity that is not unrelated business income		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)				1				1		
(2)				1				1		
	· -			 						
(3)	+			 				 		
(4)				 						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 26
Totals				<u> </u>						_1
Schedule J - Advertising I										
Part I Income From Pe	riodicals Report	ted on a C	onsol	idated Ba	sis					
1 Name of periodical	2. Gross advertising income	3. Direct advertising		4. Adver gain or (los 2 minus coa gain, co cols 5 thm	ss) (col ol 3) If mpute	5 Circulation 6 Readership income costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)										
(2)	 			1				<u> </u>		┪
				1				+		
(3)	-			1				+		⊣
(4)							 	 		
Totals (carry to Part II, line (5))	<u>. </u>									
										Form 990-T (2017)

Z through / on a	line-by-line basis	s)				
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)	-					
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)	•			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶	· [<u> </u>			<u> </u>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	***
otal. Enter here and on page 1, Part II, line 14.			·

Form **990-T** (2017)

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information. ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. OMB No 1545-0895

identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

NEW	MEXICO STATE UNIVERSITY FOUNDATION, INC.	85-0170157	
Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See Instructions and complete Part(s) III before Parts I and II))	-
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked 2 1,175.00		
3	Enter the applicable passive activity credits allowed for 2017. See instructions	3	NONE
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with	<u> </u>	
·	box C checked See instructions for statement to attach	4	
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with		_
	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	NONE
Part			
7	Regular tax before credits		
	• Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the	1	
	sum of the amounts from Form 1040NR, lines 42 and 44		
	Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the		
	applicable line of your return	7	NONE
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b, or the amount from the applicable line of your return \dots		
8	Alternative minimum tax		
	• Individuals. Enter the amount from Form 6251, line 35		
	• Corporations Enter the amount from Form 4626, line 14	8	
_	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		
9	Add lines 7 and 8	9	
40-	5		
	Foreign tax credit	1	
	Add lines 10a and 10b	10c	
·	Add lines to a and tob	1.00	
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	NONE
• •			
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	ŀ	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see		
	instructions)	ŀ	
14	Tentative minimum tax:		
	Individuals Enter the amount from Form 6251, line 33		
	• Corporations Enter the amount from Form 4626, line 12		
	Estates and trusts. Enter the amount from Schedule I		
	(Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0	16	
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		

Part	Allowable Credit (Continued)		
lote:	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and en	ter -0-	on line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0	20	
21	Subtract line 17 from line 20 If zero or less, enter -0	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	····
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2017 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0	27	
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27 If zero or less, enter -0	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2017 See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Form 1040, line 54, or Form 1040NR, line 51	38	none
			Form 3800 (2017)

Nam	e(s) shown on return		Identifying number	•
NE	W, MEXICO STATE UNIVERSITY FOUNDATION		73-609706	0
Pa	rt III General Business Credits or Eligible Small Business Credits (see ins	struction	ns)	-
	nplete a separate Part III for each box checked below (see instructions).			·
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	X General Business Credit From a Passive Activity F Reserved			
c	—	l Rusine	ess Credit Carryfon	wards
D	General Business Credit Carrybacks H Reserved		oo oroun ourryror	
ī	If you are filing more than one Part III with box A or B checked, complete and attach first an a	additions	I Part III combining	amounts from all Parts
•	III with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Part III is needed for esthrough entity	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b		7,
	Increasing research activities (Form 6765)		87-0811951	2.00
	Low-income housing (Form 8586, Part I only)	1d		
	Disabled access (Form 8826) (see instructions for limitation)	1e		
1	. —	1f		
	Indian employment (Form 8845)	1g		
	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
í	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	m Low sulfur diesel fuel production (Form 8896)	1m		
	Distilled spirits (Form 8906)	1n		
	Nonconventional source fuel (carryforward only)	10		
	Energy efficient home (Form 8908)	1p		
	Energy efficient appliance (carryforward only)	1q		
	Alternative motor vehicle (Form 8910)	1r		
•	Alternative fuel vehicle refueling property (Form 8911)	1s		
	Enhanced oil recovery credit (Form 8830)	1t		
,	Mine rescue team training (Form 8923)	1u		
,	Agricultural chemicals security (carryforward only)	1v		-
,	w Employer differential wage payments (Form 8932)	1w		
,	Carbon dioxide sequestration (Form 8933)	1x		
,	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
:	Qualified plug-in electric vehicle (carryforward only)	1z		
	aa Employee retention (Form 5884-A)	1aa	87-0811951	2.00
1		1bb		
	zz Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		4.00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4:		4a		
I	Work opportunity (Form 5884)	4b		
	Biofuel producer (Form 6478)	4c		
	Low-income housing (Form 8586, Part II)	4d		
	Renewable electricity, refined coal, and Indian coal production (Form 8835).	4e		
1			87-0811951	1,171.00
ļ	Qualified railroad track maintenance (Form 8900)	4g		
	Small employer health insurance premiums (Form 8941)	4h		
į		4i		<u> </u>
i	Reserved	4j		
:	other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1,171.00
_6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,175.00

ATTACHMEN	ፐ 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME/LOSS FROM PARTNERSHIP INVESTMENTS

17,725.

INCOME (LOSS) FROM PARTNERSHIPS

17,725.

FORM 990T, LINE 31: NET OPERATING LOSS DEDUCTION SCHEDULE

YEAR ENDING	NET OPERATING LOSS GENERATED DURING THE YEAR	UTILIZED IN CURRENT YEAR	UTILIZED IN PRIOR YEAR(S)	NET OPERATING LOSS CARRYFORWARD
				
6/30/2015	19,264	(16,962)	-	2,302
6/30/2016	9,246	-	-	9,246
6/30/2017	6,594	-	-	6,594
6/30/2018	-			-
TOTALS:	35,104		-	18,142
	CARRYOVER AVAILAE	BLE TO 06/30/2	2019:	18,142

FORM 990-T, PAGE 1, PART II, Line 20

YEAR ENDING	CHARITABLE CONTRIBUTIONS MADE DURING THE YEAR	UTILIZED IN CURRENT YEAR	UTILIZED IN PRIOR YEAR(S)	CHARITABLE CONTRIBUTION CARRYFORWARD
YEAR ENDING	I BAR	CURRENT YEAR	PRIOR YEAR(S)	(5 YEARS)
6/30/2017	8,895,904			8,895,904
6/30/2018	10,559,502			10,559,502
		•		
TOTALS:	10,559,502	-	-	19,455,406

FORM 990-T, PAGE 2, PART IV, Line 41c

CREDITS ENERATED IN

	GENERATED IN			
	THE CURRENT	UTILIZED IN	UTILIZED IN	
YEAR ENDING	YEAR	CURRENT YEAR	PRIOR YEAR(S)	CARRYFORWARD
6/30/2018	1,175			1,175
TOTALS:	1,175	-	-	1,175