Department of the Treasury Internst Revenue Service

EXTENDED TO NOVEMBER 15, 2019
Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public ► Go to www irs gov/Form990PF for instructions and the latest information.

Fore	calendar year 2018 or tax year beginning		, and ending		
Nar	ne of foundation			A Employer identificatio	n number
E	NMR EDUCATION FOUNDATION			85-0385194	1
Nun	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
P	O BOX 1947			(575) 389-	-5100
Cit	or town, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is	pending, check here
	LOVIS, NM 88102-1947				-
	Check all that apply Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	is, check here
J J	Final return	Amended return	,		
<b>O</b>	Address change	Name change		2 Foreign organizations m check here and attach c	eeting the 85% test
eh (	Check type of organization X Section 501(c)(3) exi		A) (	E If private foundation st	
		Other taxable private founda	ution M	under section 507(b)(1	
7 F:	ur market value of all assets at end of year J Accounting	*********	X Accrual	F If the foundation is in a	
	· · · · · · · · · · · · · · · · · · ·	her (specify)	7100754	under section 507(b)(1	
ر ک		no (d) must be on cash basis	s )	1 1001 0001011 001 (5)(	/(b), 01100x 11010
		· -		(c) Adjusted net	(d) Disbursements
4.5	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	income	for charitable purposes (cash basis only)
		187,527.		N/A	(odd), ddid driff)
٠,	1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B	101,341.		N/A	+
/\	2 Check \[ \bigcap \bi	5,809.	5,809.	<del> </del>	STATEMENT 1
M		25,082.	25,082.		STATEMENT 2
	4 Dividends and interest from securities	23,002.	23,004		SIATEMENT Z
	5a Gross rents				- <del> </del> -
	b Net rental income or (loss)	26 201			
ē	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	26,381.			
ē	D assets on line 6a		26 201	<del></del>	<del></del>
Revenue	7 Capital gain net income (from Part IV, line 2)		26,381.		
_	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns				<del>                                     </del>
	10a and allowances				
	b Less Cost of goods sold		=		
	c Gross profit or (loss)				<del> </del>
	11 Other income	0.1.4 7.0.0	55 050	<del></del>	<del> </del>
	12 Total Add lines 1 through 11	244,799.	57,272.		
	13 Compensation of officers, directors trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				<del></del>
S	15 Pension plans, employee benefits				
ıses	16a Legal fees	1 252	0.5.5	RECEIVE	D 1 075
Pe -	b Accounting fees STMT 3	1,950.	975.		
ŭ	c Other professional fees STMT 4	10,247.	10,247.	30 00	
ive	17 Interest			AUG 2 7 20	
trat	18 Taxes			4	<u></u>
uis	19 Depreciation and depletion			OGDEN,	UT.
Ē	20 Occupancy			0000	
¥	21 Travel, conferences, and meetings			<u> </u>	
anc	22 Printing and publications			<u> </u>	<del>                                     </del>
Ę.	23 Other expenses STMT 5	4,938.	0.		4,938.
Operating and Administrative Expen	24 Total operating and administrative				
per	expenses Add lines 13 through 23	17,135.	11,222.		5,913.
0	25 Contributions, gifts, grants paid	153,875.			153,875.
	26 Total expenses and disbursements				
_	Add lines 24 and 25	171,010.	11,222.		159,788.
	27 Subtract line 26 from line 12.				
	a Excess of revenue over expenses and disbursements	73,789.			
	b Net investment income (if negative enter -0-)		46,050.		
_	c Adjusted net income (if negative, enter -0-)			N/A	

Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
<del></del>	Cash - non-interest-bearing	(a) DOOK Value	(b) book value	(c) i dii Market Valde
	Savings and temporary cash investments	2,003,483.	2,011,272.	2,011,272.
	Accounts receivable	2,003,403.	2,011,272.	2,011,212.
'	Less allowance for doubtful accounts			
4				
]	Less allowance for doubtful accounts			
5				
e				
	disqualified persons			
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts ▶			
<u>υ</u> 8	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
₹   10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 6	1,018,933.	951,955.	951,955.
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
12	! Investments - mortgage loans			
13	<u>⊢</u>			
14				
	<del></del>			
15	,			
16	Total assets (to be completed by all filers - see the	2 222 446	0 060 005	0 060 005
+.	instructions Also, see page 1, item I)	3,022,416.	2,963,227.	2,963,227.
i	Accounts payable and accrued expenses	30 600	14 005	
18		38,690.	14,005.	
Liabilities 52				
₹ 20	F			
E 21				
22	Other habilities (describe			· · · · · · · · · · · · · · · · · · ·
23	Total liabilities (add lines 17 through 22)	38,690.	14,005.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26, and lines 30 and 31			
S 24	Unrestricted			
Net Assets or Fund Balances	Temporarily restricted			<del> </del>
E 26	Permanently restricted			
5	Foundations that do not follow SFAS 117, check here			
Ē	and complete lines 27 through 31			
S 27	Capital stock, trust principal, or current funds	1,026,845.	1,026,845.	
B) 28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
¥ 29	Retained earnings, accumulated income, endowment, or other funds	1,956,881.	1,922,377.	
S 30	Total net assets or fund balances	2,983,726.	2,949,222.	
31	Total liabilities and net assets/fund balances	3,022,416.	2,963,227.	
Par	t III Analysis of Changes in Net Assets or Fund Ba	ılances		
			<del></del>	
	al net assets or fund balances at beginning of year - Part II, column (a), line 3	ill		2 002 726
	ust agree with end-of-year figure reported on prior year's return)			2,983,726. 73,789.
	er amount from Part I, line 27a her increases not included in line 2 (itemize)		3	73,789.
	d lines 1, 2, and 3		3 4	3,057,515.
	creases not included in line 2 (itemize) $ ightharpoonup$ UNREALIZED LOSS	ON THUESTMEN	<del></del>	108,293.
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col		6	2,949,222.
	de la companya de la			Form <b>990-PF</b> (2018)

Form 990-PF (=018)

ENMR EDUCATION FOUNDATION

	Calcillal year (or lax year beginning in)	, <u>, , , , , , , , , , , , , , , , , , </u>			or (b) divided by cor (c))
	2017	202,527.	2,801,753.		.072286
	2016	140,894.	2,560,681.		.055022
_	2015	96,991.	2,493,655.		.038895
_	2014	98,282.	2,503,522.		.039257
	2013	106,920.	2,556,485.		.041823
2	Total of line 1, column (d)			2	.247283
3	Average distribution ratio for the 5-year bas the foundation has been in existence if less	•	D, or by the number of years	3	.049457
4	Enter the net value of noncharitable-use ass	sets for 2018 from Part X, line 5		4	2,869,030.
5	Multiply line 4 by line 3			5	141,894.
6	Enter 1% of net investment income (1% of	Part I, line 27b)		6	461.
7	Add lines 5 and 6			7	142,355.
8	Enter qualifying distributions from Part XII,	line 4		8	159,788.
	If line 8 is equal to or greater than line 7, ch See the Part VI instructions	eck the box in Part VI, line 1b, and comp	plete that part using a 1% tax rate		

Form 990-PF (2018)

b

(e) Gross sales price

(i) FMV as of 12/31/69

If (loss), enter -0- in Part I, line 8

Base period years

26,381

0				
· · · ·				
form 990-PF (2018) ENMR EDUCATION FOUNDATION	040/ \ 4040/ \ 4040/ \	<u>85-038</u>		
Part VI Excise Tax Based on Investment Income (Section 4		948 - see	instru	ctions
1a, Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 ar				
Date of ruling or determination letter (attach copy of letter if				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► LX and enter 1%	1		461
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ente				_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	y, others, enter -0-)	2		0
3 Add lines 1 and 2		3		461
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	y, others, enter =0=)	4		
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5		461
6 Credits/Payments	1 1			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 656.			
<b>b</b> Exempt foreign organizations - tax withheld at source	6b 0.			
c Tax paid with application for extension of time to file (Form 8868)	6c O.			
d Backup withholding erroneously withheld	6d O.			
7 Total credits and payments Add lines 6a through 6d		7		656
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached	8		C
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9		
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpai		10		195
11 Enter the amount of line 10 to be Credited to 2019 estimated tax	195. Refunded ▶	11		<u> </u>
Part VII-A   Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local l	agislation or did it participate or intervene	ın		Yes N
any political campaign?			1a	<u> </u>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political pu	rposes? See the instructions for the defin	iitiūn	1h	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	es of any materials published or			
distributed by the foundation in connection with the activities			)	
c Did the foundation file Form 1120-POL for this year?			1c	<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during			1	
(1) On the foundation. ▶ \$ (2) On foundation management	gers. $\blacktriangleright$ \$0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditure tax imposed on foundation			
managers ▶ \$O .				
2 Has the foundation engaged in any activities that have not previously been reported to the	ne IRS?		2	X
If "Yes," attach a detailed description of the activities				
3 Has the foundation made any changes, not previously reported to the IRS, in its government	ng instrument, articles of incorporation, o	)r		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?		4a	<u> </u>
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the ye	ear?		5	X
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies	d either			1
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mand	atory directions that conflict with the state	e law		
remain in the governing instrument?			6	Х
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co				Х

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

Form **990-PF** (2018)

8b

10

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	i		
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► HTTP://WWW.PLATEAUTEL.COM/COMPANY/SCHOLARSHIPS/			
14	The books are in care of ► ALAN HERMAN Telephone no ► (575)	389	-42	12
	Located at ► 7111 NORTH PRINCE STREET, CLOVIS, NM ZIP+4 ►88	101		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		_X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		·-	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies	$\vdash \vdash \vdash$	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?  Yes X No  Yes X No  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  X Yes No			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2018?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)).			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ا ا		
	statement - see instructions ) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		!	
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		;	
Jā	during the year?			
h	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
J	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2018 ) $N/A$	36		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
	For	m <b>99</b> 0	)-PF	(2018)

Form 990-PF (2018) ENMR EDUCATION FOUNDATIO	N		85-03851	94	Р	age 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)			
5a During the year, did the foundation pay or incur any amount to				Y	'es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s X No			
(2) Influence the outcome of any specific public election (see section 4955), o		ectly,				
any voter registration drive?			s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s No			
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? See instructions		☐ Ye	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or t					
the prevention of cruelty to children or animals?	or cadamonar parposes, or		s X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described		.5 (21) 110			
section 53 4945 or in a current notice regarding disaster assistance? See instru		iii riogulations		5b		Х
Organizations relying on a current notice regarding disaster assistance, check h				-		- 22
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		and.				
			ıs No			
expenditure responsibility for the grant?	I.	I/A	S L NO			
If "Yes," attach the statement required by Regulations section 53 4945-5(d)						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No			
a personal benefit contract?		Y6		۱,		v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b		X
If "Yes" to 6b, file Form 8870	5 - 0 1 O		s X No			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		L Y 6	_	-		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration o		s X No			
excess parachute payment(s) during the year?  Part VIII Information About Officers, Directors, Trust	and Foundation Ma					
Part VIII Information About Officers, Directors, Trustoral Paid Employees, and Contractors	ees, Foundation ivia	inagers, <del>n</del> igniy	/			
List all officers, directors, trustees, and foundation managers and ti	heir compensation					
Elst dil omocis, dilectors, il datece, and roundation managers and t	(b) Title, and average	(c) Compensation	(d) Contributions to	(e	) Expe	ense
(a) Name and address	hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acc	ount,	other
	to position	enter -u-)	compensation	aii	lowan	
SEE STATEMENT 8		0.	0.			0.
DEE STATEMENT 0		- 0.	0.			<u> </u>
· · · · · · · · · · · · · · · · · · ·		-				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "				
2 Outspensation of tive highest-paid employees (other than those mo	(b) Title, and average	enter NONE.	(d) Contributions to	(e	) Expe	ense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	acc	ount, Iowan	other
NONE	devoted to position		compensation	all	iowaii	<u>ces</u>
NONE						
		-				
		<del></del>				
		-				
				l .		
Total number of other employees paid over \$50,000						0

-orm 990-PF (2018) ENMR EDUCATION FOUNDATION		885194 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NC	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1		
SEE STATEMENT 9	,	107,788.
2		
SEE STATEMENT 10		52,000.
3		
4		
Doubly Dia		
Part IX-B Summary of Program-Related Investments	1 2010	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines	Tano 2	Amount
1 <u>N/A</u>		
2		
N. /4/70-2013/		
All other program related investments. Can instructions		
All other program-related investments. See instructions		
3		
· · · · · · · · · · · · · · · · · · ·		
	,	

Total Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
-	Average monthly fair market value of securities	1a	988,235.
b	Average of monthly cash balances	1b	1,924,486.
	Fair market value of all other assets	1c	2/222/1001
d		1d	2,912,721.
-	Reduction claimed for blockage or other factors reported on lines 1a and		2/322/1821
·	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,912,721.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	43,691.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,869,030.
6	Minimum investment return. Enter 5% of line 5	6	143,452.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	<del></del>	143,432.
ـــــــ	foreign organizations, check here and do not complete this part )	u certain	
1	Minimum investment return from Part X, line 6	1	143,452.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	.461.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	142,991.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	142,991.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	142,991.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	159,788.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	159,788.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	461.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	159,327.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	or the section
	4940(e) reduction of tax in those years		

Form **990-PF** (2018)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018 from Part XI,				
line 7				142,991.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2018				
a From 2013				
b From 2014				
c From 2015				
d From 2016 6,692.				
e From 2017 63,501.				
f Total of lines 3a through e	70,193.			
4 Qualifying distributions for 2018 from	•	· · ·		<del></del> -
Part XII, line 4 ► \$ 159,788.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	•	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	•		
d Applied to 2018 distributable amount	- 1			142,991.
e Remaining amount distributed out of corpus	16,797.			
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below		•		
& Corpus Add lines 31 4c, and 4e Subtract line 5	86,990.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2017 Subtract line			_	
4a from line 2a Taxable amount - see instr		·	0,	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	′			
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013	_			
not applied on line 5 or line 7	0.			· · · · · ·
9 Excess distributions carryover to 2019				
Subtract lines 7 and 8 from line 6a	86,990.	····		
10 Analysis of line 9.				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016 6,692.				
d Excess from 2017 63,501.				
e Excess from 2018 16,797.			<u> </u>	

	UCATION FOU			85-03	85194 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a, If the foundation has received a ruling of	or dotormination lotter that	t it is a private operating			
foundation, and the ruling is effective fo	or 2018, enter the date of t	the ruling	<b>▶</b>		
b Check box to indicate whether the foun	dation is a private operatir	ng foundation described i	n section	1942(J)(3) or49	142(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a			-		
c Qualifying distributions from Part XII,		-,			
line 4 for each year listed					
d Amounts included in line 2c not				•	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities		/			
•		l. /			
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the				<del>-  </del>	
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed c "Support" alternative test - enter:					
• •					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		<u> </u>			<del> </del>
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>	<u> </u>	<u> </u>	1 10- 200	L
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during		ructions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation wh year (but only if they have contributed it			ributions received by the	c foundation before the clos	se of any tax
	Those than \$0,000) (Occ 3	50011011 307 (4)(2) /			
NONE		an atack of a paragraph of	(or an equally lorge post	and of the autoropie of a se	ortographe or
b List any managers of the foundation when other entity) of which the foundation has			or an equally large port	ion of the ownership of a pa	arthership or
NONE	ou to to or ground the or	<b>.</b>			
2 Information Regarding Contribut	tion Grant Gift Loan	Scholarship etc. Dr	oarame:		
Check here  if the foundation of				not account uncollected requi	pete for funde. If
the foundation makes gifts, grants, etc					ests for fullus fi
a The name, address, and telephone num		· · · · · · · · · · · · · · · · · · ·			
ENMR CO-OP SCHOLARSH				22an	
PO BOX 1947, CLOVIS,		ie, 575 565	3100		
b The form in which applications should		tion and materials they sh	sould include		
SEE ATTACHED APPLICA		alon and materials they ar	Todia Molodo		
c Any submission deadlines					
SEE ATTACHED APPLICA	TION				
d Any restrictions or limitations on award		al areas, charitable fields,	kinds of institutions, or	other factors	
SEE ATTACHED APPLICA	TION				

0.

823621 12-11-18

Unrelated business income

## **Analysis of Income-Producing Activities** Part XVI-A

Enter gross amounts unless otherwise indicated	Unrelati	ed business income		ded by section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	7,11100111	
a	-		ļ		
b					
C					<u> </u>
d			ļ		
e			ļ		
f			<u> </u>		
g Fees and contracts from government agencies					
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments			14	5,809.	
4 Dividends and interest from securities			14	25,082.	
5 Net rental income or (loss) from real estate:				•	
a Debt-financed property					
b Not debt-financed property			<del>                                     </del>		
6 Net rental income or (loss) from personal			<del>                                     </del>		
property					
7 Other investment income			<del> </del>		
8 Gain or (loss) from sales of assets other					
			14	26,381.	
than inventory			- <del></del>	20,301.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a			-		
b					
c					
d					
e			ļ		
12 Subtotal Add columns (b), (d), and (e)		0.	Ь	57,272.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	57,272.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incom					anlishment of
the foundation's exempt purposes (other than b			COMM	Julea importantly to the accor	ubusument or
with restriction a exempt perpense (exiter than a	y providing to	mas for saon parposos;			
					··-
				<u>-</u>	
		<del></del>		<del></del>	· · · · · · · · · · · · · · · · · · ·
		·			
		<del></del>			
				<del></del>	
				<del></del>	<del></del>
-	<u> </u>		-		

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b. If "Yes," complete the following schedule  (a) Name of organization  E.N.M.R. TELEPHONE COOPERATIVE 501(C)(12) SEE STATEMENT 12  Sign  Under penalties of perury. 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 tax payer) is based on all information of which preparer has any knowledge shown believe? See instruction with the preparer sound belief, it is true correct and complete Declaration of preparer (other than tax payer) is based on all information of which preparer has any knowledge shown believe? See instruction with the preparer sound belief. It is true correct and complete Declaration of preparer (other than tax payer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type preparer's name  Preparer Signature of officer or trustee  Print/Type pre			<u></u>			
In section 501(c) (other than section 501(c)(3)) or in section 527?  b. If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  E.N.M.R. TELEPHONE COOPERATIVE  501(C)(12)  SEE STATEMENT 12   Under penalties of perjury 1 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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Print/Type preparer's name  Preparer signature  Print/Type preparer's name  Preparer Signature  MATT R. WILLIS  MATUR WILLS  Print/S name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP  Firm's address ▶ 8215 NASHVILLE AVENUE						
In section 501(c) (other than section 501(c)(3)) or in section 527?  b. If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  E.N.M.R. TELEPHONE COOPERATIVE  501(C)(12)  SEE STATEMENT 12   Under penalties of perjury 1 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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Print/Type preparer's name  Preparer signature  Print/Type preparer's name  Preparer Signature  MATT R. WILLIS  MATUR WILLS  Print/S name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP  Firm's address ▶ 8215 NASHVILLE AVENUE						
In section 501(c) (other than section 501(c)(3)) or in section 527?  b. If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  E.N.M.R. TELEPHONE COOPERATIVE  501(C)(12)  SEE STATEMENT 12   Under penalties of perjury 1 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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Print/Type preparer's name  Preparer signature  Print/Type preparer's name  Preparer Signature  MATT R. WILLIS  MATUR WILLS  Print/S name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP  Firm's address ▶ 8215 NASHVILLE AVENUE						
In section 501(c) (other than section 501(c)(3)) or in section 527?  b. If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  E.N.M.R. TELEPHONE COOPERATIVE  501(C)(12)  SEE STATEMENT 12   Under penalties of perjury 1 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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Print/Type preparer's name  Preparer signature  Print/Type preparer's name  Preparer Signature  MATT R. WILLIS  MATUR WILLS  Print/S name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP  Firm's address ▶ 8215 NASHVILLE AVENUE						
In section 501(c) (other than section 501(c)(3)) or in section 527?  b. If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  E.N.M.R. TELEPHONE COOPERATIVE  501(C)(12)  SEE STATEMENT 12   Under penalties of perjury 1 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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Print/Type preparer's name  Preparer signature  Print/Type preparer's name  Preparer Signature  MATT R. WILLIS  MATUR WILLS  Print/S name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP  Firm's address ▶ 8215 NASHVILLE AVENUE				<del>                                     </del>		
In section 501(c) (other than section 501(c)(3)) or in section 527?  b. If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  E.N.M.R. TELEPHONE COOPERATIVE  501(C)(12)  SEE STATEMENT 12   Under penalties of perjury 1 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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Print/Type preparer's name  Preparer signature  Print/Type preparer's name  Preparer Signature  MATT R. WILLIS  MATUR WILLS  Print/S name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP  Firm's address ▶ 8215 NASHVILLE AVENUE						
In section 501(c) (other than section 501(c)(3)) or in section 527?  b. If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  E.N.M.R. TELEPHONE COOPERATIVE  501(C)(12)  SEE STATEMENT 12   Under penalties of perjury 1 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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Print/Type preparer's name  Preparer signature  Print/Type preparer's name  Preparer Signature  MATT R. WILLIS  MATUR WILLS  Print/S name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP  Firm's address ▶ 8215 NASHVILLE AVENUE						
b. If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  E.N.M.R. TELEPHONE COOPERATIVE  501(C)(12)  SEE STATEMENT 12   Under penalties of perjury   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 taxpayer) is based on all information of which preparer has any knowledge    Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction with the preparer shown below? See instruction of officer or trustee    Print/Type preparer's name	2a Is the fou	ndation directly or indirectly affiliated with, or related to, on	e or more tax-exempt organi	zations described		
b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  E.N.M.R. TELEPHONE COOPERATIVE  501(C)(12)  SEE STATEMENT 12   Under penalties of perjury 1 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 taxpayer) is based on all information of which preparer has any knowledge    Description of relationship    May the IRS discuss this return with the preparer shown below? See instruction of officer or trustee    Print/Type preparer's name	ın section	501(c) (other than section 501(c)(3)) or in section 527?				X Yes No
(a) Name of organization  (b) Type of organization  (c) Description of relationship  E.N.M.R. TELEPHONE COOPERATIVE 501(C)(12) SEE STATEMENT 12  Sign Under penalties of perjury   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 taxpayer) is based on all information of which preparer has any knowledge solener's shown below? See instriction with the preparer shown below? See instriction with the preparer is signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check X if self- employed  Print/Type preparer's name  Prod 419741  Prim's name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP  Firm's address ▶ 8215 NASHVILLE AVENUE			_			
E.N.M.R. TELEPHONE COOPERATIVE 501(C)(12) SEE STATEMENT 12    Sign   Under penalties of perjury   declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belieft, it is true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belieft, it is true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below? See instriction with the preparer shown below? See instriction			(b) Type of organization	((	) Description of re	elationship
Sign Here    Under penalties of perjury   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 taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instriction with the preparer shown below? See instriction in the prep	ENME			<del></del>	· · · · · · · · · · · · · · · · · · ·	
Sign Here    Signature of officer or trustee   Preparer   Signature   Preparer   Prepa		THE THORE COOL BIGHT VE	301(0)(12)	<u> </u>		
Sign Here    Signature of officer or trustee   Preparer   Signature   Preparer   Prepa						
Sign Here    Signature of officer or trustee   Preparer   Signature   Preparer   Prepa						
Sign Here    Signature of officer or trustee   Preparer   Signature   Preparer   Prepa						
Sign Here    Signature of officer or trustee   Preparer   Signature   Preparer   Prepa	Linda	apparition of powers. I declare that I have assumed this return unclud	lan accompanying schodules and	statements and to the h	est of my knowledge	
Here Signature of officer or trustee  Print/Type preparer's name  Preparer Use Only    Signature of officer or trustee   Date   Title						May the IHS discuss this
Signature of officer or trustee   Date   Title		Den.	0-9 7-0	150	`	shown below? See instr
Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check X if self- employed  Print/Type preparer's name  Print/Type preparer's name  MATT R. WILLIS  Print's name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP  Firm's name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP  Firm's address ▶ 8215 NASHVILLE AVENUE			8-7-2019		<u> </u>	XJYes LJNo
Paid Preparer Use Only  MATT R. WILLIS MATT R WILLS 07/31/19  Proparer Firm's name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP Firm's address ▶ 8215 NASHVILLE AVENUE	Sig	nature of officer or trustee	Date			
Paid Preparer Use Only  MATT R. WILLIS MATT R WILLS 07/31/19  P00419741  Pirm's name ▶ BOLINGER, SEGARS, GILBERT AND MOSS LLP Firm's EIN ▶ 75-0882037  Firm's address ▶ 8215 NASHVILLE AVENUE		Print/Type preparer's name Preparer's	signatuka	Date	Check $oxed{X}$ if	PTIN
Preparer Use Only  Firm's address ▶ 8215 NASHVILLE AVENUE    Firm's address ▶ 8215 NASHVILLE AVENUE		// /			self- employed	
Preparer   Firm's name ► BOLINGER, SEGARS, GILBERT AND MOSS LLP   Firm's EIN ► 75-0882037   Use Only   Firm's address ► 8215 NASHVILLE AVENUE	Paid	MATT R. WILLIS MATT		07/31/19		P00419741
Use Only  Firm's address ▶ 8215 NASHVILLE AVENUE	Preparer		GILBERT AND		Firm's EIN ▶ 7	
Firm's address ► 8215 NASHVILLE AVENUE	Use Only	Julianiania Parallicati, alaina,			,	
	•	Firm's address NACHVIII.E AV	VENITE			
LIBBOCK TX 79423   Phone no. (806)747-3806		LUBBOCK, TX 79423	\ _		Phone no / Q	06)747-3806
Form <b>990-PF</b> (2018)		DUBBUCK, IX /942.	<u> </u>		T HOHE HO. ( O	

Part XV Supplementary Information Grant's and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient SEE PAGE 7, PART Ι SCHOLARSHIP ANNA CASTILLO P.O. BOX 523 μxa 625. VAUGHN NM 88353-0353 ASHLEY IDTENSOHN SEE PAGE 7, PART Ι SCHOLARSHIP 6720 28TH ST. APT 822 IXA LUBBOCK TX 79407-2870 1,600. ASHLON SNIPES SEE PAGE 7. PART I SCHOLARSHIP P.O. BOX 804 IXA LOGAN NM 88426-0804 625. AUBREY BRANDENBERGER SEE PAGE 7, PART Ŧ SCHOLARSHIP P.O. BOX 13 TXA CLAUNCH, NM 87011-0013 1,250. AUDREY WREN SEE PAGE 7, PART Ι SCHOLARSHIP AXI P.O. BOX 327 825. TEXICO, NM 88101-0327 AUTUMN MCMATH SEE PAGE 7, PART I SCHOLARSHIP 247 SALT CEDAR DRIVE IXA FORT SUMNER, NM 88119-9417 1,825. AVERY LEE SEE PAGE 7, PART Ι SCHOLARSHIP 160 WILD ROSE CIR AXI 1,000. CAPITAN NM 88316-5025 SCHOLARSHIP BAILEY SMITH SEE PAGE 7, PART Ι 264 SALT LAKES RD IXA LOGAN NM 88426-9825 1,250. BRANT WEST SEE PAGE 7. PART Ι SCHOLARSHIP IXA P.O. BOX 597 750. FORT SUMNER NM 88119-0597 BRENT RACHER JR. SEE PAGE 7, PART Ι SCHOLARSHIP IXA P.O. BOX 98 CORONA NM 88318-0098 750. Total from continuation sheets 147,630, ENMR EDUCATION FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient SCHOLARSHIP BRETT MARSHALL SEE PAGE 7, PART Ι P.O. BOX 633 IXA 1,600. FORT SUMNER, NM 88119-0633 Ι SCHOLARSHIP BRIANNA FONG SEE PAGE 7, PART 1412 S. 1ST ST IXA 1,500. CLAYTON NM 88415-2002 SEE PAGE 7, PART SCHOLARSHIP BRINTON ROACH I AXI 8007 540 LOOP 825. LOGAN, NM 88426-9703 BROCK THOMPSON SEE PAGE 7, PART Ι SCHOLARSHIP AXI 220 NM 467 PORTALES NM 88130-9041 750. SCHOLARSHIP SEE PAGE 7, PART I CALEB TERRELL **LXA** P.O. BOX 492 825. FORT SUMNER, NM 88119-0492 CHARITY WILSON SEE PAGE 7, PART Ι SCHOLARSHIP T XA 3601 CR B 750. TEXICO, NM 88135-9658 CHEYENNE HORNE SEE PAGE 7, PART Ι SCHOLARSHIP 2450 QUAY ROAD 72 IXA LOGAN NM 88426-9654 750. CLAYTON MUNICIPAL SCHOOLS N/A GOV INNOVATION IN SCHOOLS EDUCATION GRANT 323 S FIFTH STREET 3,420. CLAYTON NM 88415 COLFAX COUNTY FAIR ASSOCIATION INC. N/A PC GRANT FOR JR LIVESTOCK SHOW PO BOX 502 500. SPRINGER NM 87747 COLTON SHAW SEE PAGE 7, PART SCHOLARSHIP Ι HC 74 BOX 25 ĮΧΑ 625. MILLS, NM 87730-9701 Total from continuation sheets

Part XV Supplementary Informati		<del></del>	· · · · · · · · · · · · · · · · · · ·	
3 Grants and Contributions Paid During th		1		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or šubstantial contributor	recipient		
CONNER COX	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 392	TXA			
CORONA NM 88318-0392				7.5
CURRY COUNTY 4-H COUNCIL	n/a	PC	GRANT FOR 2019 AG	
318 MAIN STREET			SAFETY DAYS	
CLOVIS, NM 88101				15,00
CURRY COUNTY FAIR	N/A	PC	GRANT FOR JR LIVESTOCK	
18 MAIN STREET			SHOW	
CLOVIS, NM 88101				2,02
DANIKA NELSON	SEE PAGE 7, PART	I	SCHOLARSHIP	
2248 CR C	IXA			
PEXICO, NM 88135-9610				1,00
DANNIE DEASON	SEE PAGE 7, PART	I	SCHOLARSHIP	
384 COWEN RD SEDAN, NM 88436-9169	AXI			1,25
SEDAN, NM 00430-9109				<u> </u>
DE BACA COUNTY FAIR BOARD	N/A	PC	GRANT FOR JR LIVESTOCK	
РО ВОХ 224			show	
FORT SUMNER, NM 88119				1,00
DEVIN MAEZ	SEE PAGE 7, PART	I	SCHOLARSHIP	
200 LA CIENEGA LN NW ALBUQUEQUE, NM 87107-6757	IXA			82
DILLION PEREZ	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 133	IXA			
ENCINO, NM 88321-0133				82
ESTRELLA ENCINIAS	SEE PAGE 7, PART	ı	SCHOLARSHIP	
P.O. BOX 74	IXA			
VILLANUEVA NM 87583-0074				7.5
FAITH NORMAN	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 104	IXA			. 82
FARWELL TX 79325-0104 Total from continuation sheets		1		0

Part XV Supplementary Informati				
3 Grants and Contributions Paid During the	If recipient is an individual,	<del></del>		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		- <del></del> -
•				
FOUNDATION FOR RURAL SERVICE	N/A	PC	GRANT FOR 2019 FRS	
4121 WILSON BLVD, 10TH FLOOR			YOUTH TOUR TO	
ARLINGTON, VA 22203		, , , , , , , , , , , , , , , , , , , ,	WASHINGTON DC	3,225.
GARRETT WRIGHT	SEE PAGE 7, PART	I	SCHOLARSHIP	
1002 CR S CLOVIS, NM 88101-1241	474	,		1,875.
000.10, 00.101				
GUADALUPE COUNTY FAIRBOARD	N/A	PC	GRANT FOR JR LIVESTOCK	
PO BOX 363			SHOW	
SANTA ROSA, NM 88435				1,000.
HAILEY KRATZER	SEE PAGE 7, PART	I	SCHOLARSHIP	
905 CR T CLOVIS, NM 88101-1122	I XA			1,600.
HAILEY ROWLAND	SEE PAGE 7, PART	I	SCHOLARSHIP	
3869 SR 209	IXA			
BROADVIEW, NM 88112-9503				1,000.
HALEIGH ERRAMOUSPE	SEE PAĜE 7, PART	I	SCHOLARSHIP	
P.O. BOX 371 CORONA NM 88318-0371	IXA			825.
CORONA, NM 88318-03/1				025.
HALLE REID	SEE PAGE 7, PART	I	SCHOLARSHIP	
1447 CR H	TXA			
CLOVIS, NM 88101-9569				1,920,
HANNAH HUGHES	SEE PAGE 7, PART	I	SCHOLARSHIP	
3143 SR 108 TEXICO, NM 88135-9606	IXA			1,250.
1EA1CO, NM 00133-9000				1,230.
HAYDEN HUGHES	SEE PAGE 7, PART	ı	SCHOLARSHIP	
3143 SR 108	IXA			
TEXICO, NM 88135-9606				1,250,
HELENEA GONZALES	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 398	TXA -			900
RIBERA NM 87560-0398  Total from continuation sheets				800.

825.

ENMR EDUCATION FOUNDATION Part XV Supplementary Information Grant's and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor HOLLY PEREZ SEE PAGE 7, PART Ι SCHOLARSHIP ТХА P.O. BOX 133 ENCINO, NM 88321-0133 1,000. SEE PAGE 7, PART SCHOLARSHIP HOPE KULBACK I IXA P.O. BOX 371 LOGAN NM 88426-0371 825, HOUSE MUNICIPAL BOARD OF EDUCATION N/A GOV INNOVATION IN SCHOOLS EDUCATION GRANT 309 N APPLE 2,947. HOUSE NM 88121 HUNTER SPARKS SEE PAGE 7, PART Ι SCHOLARSHIP AXI 390 COTTONWOOD DR 1,250. FORT SUMNER, NM 88119-9241 JACK PALLA SEE PAGE 7, PART Ι SCHOLARSHIP 137 SANDZEN DR TXA CLOVIS NM 88101-2315 750. SEE PAGE 7, PART JACOB NARANJO I SCHOLARSHIP 13 TRUMAN DR ДXА CLAYTON, NM 88415-3719 1,600. JADYN ROMERO SEE PAGE 7, PART Ι SCHOLARSHIP P.O. BOX 350 μxa 750. SANTA ROSA, NM 88435-0350 JAIDYN SWARTZ SEE PAGE 7, PART SCHOLARSHIP TXA P.O. BOX 943 SPRINGER, NM 87747-0943 1,000. JAKE MITCHELL SEE PAGE 7, PART SCHOLARSHIP Ι 1805 LAKE HWY IXA CLAYTON, NM 88415-4722 750. SEE PAGE 7, PART JAKEB BARNETT Ι SCHOLARSHIP 798 SR 77 IXA

CLOVIS NM 88101-9548

Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) recipient or substantial contributor SCHOLARSHIP SEE PAGE 7, PART I JAZMIN REGALADO HERNANDEZ μxa 1352 N ROOSEVELT RD 750. TAIBAN, NM 88134-9014 JENNY CLEAVER I SCHOLARSHIP SEE PAGE 7, PART AXI 664 N 8TH ST. FORT SUMNER, NM 88119-9440 825. JEREIKA SENA -SEE PAGE 7, PART Ι SCHOLARSHIP P.O. BOX 682 IXA FORT SUMNER, NM 88119-0682 1,250. JEROME EARLE SCHOLARSHIP SEE PAGE 7, PART Ι P.O. BOX 52 IXA 1,250. NARA VISA, NM 88430-0052 JEROME SENA SEE PAGE 7, PART I SCHOLARSHIP T XA P.O. BOX 682 625. FORT SUMNER, NM 88119-0682 JESSICA LEIBOLD SEE PAGE 7, PART Ι SCHOLARSHIP 216 ROBINSON RANCH ROAD IXA CORONA, NM 88318-9002 825. JESSICA STANTON SEE PAGE 7, PART Ι SCHOLARSHIP 1711 E. ORCHARD AVE μха FORT SUMNER NM 88119-9384 750. JOSEPH ESOUIBEL GRANDSON TO BOARD I SCHOLARSHIP 762 SOUTH 5TH ST MEMBER 1.600. SANTA ROSA, NM 88435-2432 JOSHUA FLORES SEE PAGE 7, PART Ι SCHOLARSHIP 300 S 11TH ST AXI 800. SANTA ROSA, NM 88435-2716 KABEL BROOKS SEE PAGE 7, PART Ι SCHOLARSHIP 728 CR 12 IXA CLOVIS NM 88101-1003 750. Total from continuation sheets

Part XV Supplementary Information

Part XV Supplementary Informatio	n			
3 Grants and Contributions Paid During the	Year (Continuation)	.,		
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	731104111
KAITLYN ULIBARRI	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 42	ДХА			
SANTA ROSA, NM 88435-0042				750.
KATELIND HITTSON	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 41	IXA	-	50.1021.10.111	
NARA VISA, NM 88430-0041	-			825.
	•			
KATELYN MAY	SEE PAGE 7, PART	I	SCHOLARSHIP	
197 GOLD NUGGET RD TAIBAN, NM 88134-9016	IXA			1,250.
Intern, NM 00134-9010			· · · · · · · · · · · · · · · · · · ·	1,230.
KAYLEE BRUHN	SEE PAGE 7, PART	I	SCHOLARSHIP	
2371 QUAY RD 72	IXA			
LOGAN, NM 88426-9624				1,600.
KAYLEE MILLER	SEE PAGE 7, PART	l I	SCHOLARSHIP	
409 SUNLAND DR	IXA			
CLOVIS, NM 88101-4013		-		750.
KAYLEIGH FURY	SEE PAGE 7, PART	I	SCHOLARSHIP	
4220 QUAY RD U	IXA			
GRADY, NM 88120-9601			1	825.
KOBY VALENTINE 2157 CR AL	SEE PAGE 7, PART IXA	I	SCHOLARSHIP	
MELROSE, NM 88124-9740	IAA	- <del></del>		1,450.
·				
KRESTON BUTTERFIELD	SEE PAGE 7, PART	I	SCHOLARSHIP	
533 FOUR WINDS DR	IXA			
FORT SUMNER, NM 88119-9379				750.
WD-2000 - 1115 - 1115	ann nace 2		aguer > ne	
KRISTEN LANIER-BOYD	SEE PAGE 7, PART	I	SCHOLARSHIP	
28 MOUNTAINVIEW RD CLAYTON NM 88415-7431	IXA			800.
KYLEE BROOKS	SEE PAGE 7, PART	I	SCHOLARSHIP	
728 CR 12	IXA			
CLOVIS NM 88101-1033				1,250.
Total from continuation sheets				1

ENMR EDUCATION FOUNDATION

Part XV | Supplementary Information

Part XV Supplementary Informati			<del></del>	
3 Grants and Contributions Paid During th		<del></del>		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
LILY MARTIN	SEE PAGE 7, PART	I	SCHOLARSHIP	
864 CR Y	IXA			1 02/
CLOVIS, NM 88101				1,920
LINCOLN COUNTY FAIR ASSOCIATION	N/A	PC	GRANT FOR JR LIVESTOCK	
РО ВОХ 651			SHOW	
CARRIZOZO, NM 88316				500
MADALYNN SEALY	SEE PAGE 7, PART	I	SCHOLARSHIP	
2100 CR L CLOVIS, NM 88101-9757	IXA			1,250
Shovis, KM Odidi-97137				
MAKAYLA BAKER	SEE PAGE 7, PART	I	SCHOLARSHIP	
17 RABBITT EAR RD	IXA			
CLAYTON, NM 88415-7421				1,250
MARIA CRISOSTOMO	SEE PAGE 7, PART	ı	SCHOLARSHIP	
424 SOUTH 4TH ST	IXA			
SANTA ROSA, NM 88435-2416				1,250
MATTHEW DALE	SEE PAGE 7, PART	ı	SCHOLARSHIP	
P.O. BOX 504	IXA			
FARWELL, TX 79325-0504				750
MEREDITH RATKE	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 763  FARWELL TX 79325-0763	IXA			1,250
AMEDI, 18 19323-0703				1,23
MIKAYLA GARNAND	SEE PAGE 7, PART	I	SCHOLARSHIP	
716 S 3RD ST	IXA			
SANTA ROSA NM 88435-2412				1,000
MYA VIGIL	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 16	IXA			1 25/
MOSQUERO, NM 87733-0016				1,250
NOAH SAIZ	SEE PAGE 7, PART	I	SCHOLARSHIP	
848 S 3RD ST	IXA	-		
SANTA ROSA, NM 88435-2414				750
Total from continuation sheets				

 $\rho_{\rm c} = -\rho_{\rm c} = -\rho_{\rm c} = -1$ 

3 Grants and Contributions Paid During th	ne Year (Continuation)			
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
PADEN HAGLER	SEE PAGE 7, PART	I	SCHOLARSHIP	
571 CR 5	IXA			1 00
CLOVIS, NM 88101				1,00
OUAY COUNTY FAIR ASSOCIATION	N/A	PC	GRANT FOR JR LIVESTOCK	
O DRAWER B			SHOW	
CUCUMCARI, NM 88401				1,00
AYAUNA URBAN	SEE PAGE 7, PART IXA	I	SCHOLARSHIP	
P.O. BOX 1 ANTON CHICO NM 87711-0001	<b>Д Д Д</b>			80
LAYMOND SENA	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 327	TXA			
ROWE, NM 87562-0327				1,25
REBECCA RUSH 3581 QUAY ROAD 34	SEE PAGE 7, PART	I	SCHOLARSHIP	
MELROSE, NM 88124-9527	LAA			75
RONALD SCHAAP	SEE PAGE 7, PART	r	SCHOLARSHIP	
1125 CR 21	IXA			
CLOVIS, NM 88101-9754				1,92
		_		
RYAN SCHROEDER .16 WASHINGTON ST	SEE PAGE 7, PART IXA	I	SCHOLARSHIP	
CLAYTON NM 88415-3434				1,25
RYLEE KEY	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 188 SAN JON, NM 88434-0188	IXA			8 2
ME 001, NE 00333 0100	·		-	02
SAGE STARBUCK	SEE PAGE 7, PART	ı	SCHOLARSHIP	
1454 SR 288	IXA	-		
CLOVIS NM 88101-0600				62
SAIGE BELL	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 318 CORONA, NM 88318-0318	IXA			1,92
Total from continuation sheets		-		

ENMR EDUCATION FOUNDATION 85-0385194

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		1		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Traine and address (nome or business)	or substantial contributor	recipient		
SAN MIGUEL MORA COUNTY FAIR	N/A	PC	GRANT FOR JR LIVESTOCK	
ASSOCIATION			SHOW	
PO BOX 325 LAS VEGAS, NM 87701				1,000.
and vacine, an eviet				
SANAIE CASTILLO P.O. BOX 275	SEE PAGE 7, PART	I	SCHOLARSHIP	
VAUGHN, NM 88353-0275				1,250.
SANTA ROSA CONSOLIDATED SCHOOLS 344 S 4TH STREET	N/A	GOV	INNOVATION IN SCHOOLS EDUCATION GRANT	
SANTA ROSA, NM 88435				2,528.
SARAH SAMORA	SEE PAGE 7, PART	ı	SCHOLARSHIP	
2300 WALLACE ST	TXA			
CLOVIS NM 88101-3633				1,600.
		_		
SHAYLEE MOON	SEE PAGE 7, PART	I	SCHOLARSHIP	
5252 STATE HWY 156 MCALISTER, NM 88427-9762	IXA			1,250,
MICHBISTER, MI GOTE: 5702				1,200,
•				
SHELBY STONE	SEE PAGE 7, PART	I	SCHOLARSHIP	
P.O. BOX 633	IXA			
LOGAN, NM 88426-0633		<del> </del>		725.
SHERRIE RAY	SEE PAGE 7, PART	ı	SCHOLARSHIP	
685 TEQUESQUITE LANE	IXA	_		
ALBERT, NM 87733-8018				1,600,
TAMIA HIGGINS	SEE PAGE 7, PART	I	SCHOLARSHIP	
330 CROSS HEART ROAD FORT SUMNER, NM 88119	IXA -			500.
TORT SOMMER, MY 00113				
TIFFANY ENCINIAS	SEE PAGE 7, PART	I	SCHOLARSHIP	
HC 72 BOX 16	IXA			
RIBERA, NM 87560-9601				1,250.
TOMAS SANCHEZ	SEE DAGE 7 DARM	I	CCHOLARCHIP	
TOMAS SANCHEZ 414 OAK ST	SEE PAGE 7, PART	1	SCHOLARSHIP	
CLAYTON NM 88415-2623				825.
Total from continuation sheets				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor TOWN OF VAUGHN GOV PUBLIC SAFETY N/A PO BOX 278 EDUCATION GRANT 3,000. VAUGHN NM 88353 TRENTON LEE SEE PAGE 7. PART Ι SCHOLARSHIP 3077 STATE HIGHWAY 252 μхя MCALISTER, NM 88427-9719 825. TREVELLION RINESTINE SEE PAGE 7, PART Ι SCHOLARSHIP P.O. BOX 243 TXY. 750. LOGAN NM 88426-0243 UNION COUNTY FAIR ASSOCIATION N/A PC GRANT FOR JR LIVESTOCK PO BOX 29 SHOW CLAYTON, NM 88415 1,860. US DAIRY EDUCATION AND TRAINING N/A PC GRANT FOR TRAINING TO BENEFIT THE DAIRIES CONSORTIUM 2471 TAMU THROUGHOUT THE COOPERATIVE'S SERVICE COLLEGE STATION, TX 77843 AREA 5,000. VAUGHN MUNICIPAL SCHOOLS N/A GOV INNOVATION IN SCHOOLS PO BOX 7 EDUCATION GRANT 3 000. LOGAN, NM 88426 VICKI SAUL SEE PAGE 7, PART SCHOLARSHIP Ι 4047 QUAY ROAD AE **TXA** 7<u>50.</u> MCALISTER NM 88427-9710 VILLAGE OF LOGAN N/A GOV PUBLIC SAFETY PO BOX 7 EDUCATION GRANT 5,000. LOGAN NM 88426 Total from continuation sheets

FORM.990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	
SOURCE		(A REVE PER B	NUE NET IN		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
INTEREST			5,809.		5,809.		
TOTAL TO PART I, LI	NE 3		5,809.		5,809.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) EVENUE BOOKS	(B) NET INVES MENT INCO		
MERRILL LYNCH	51,463	. 26,38	1.	25,082.	25,08	12.	
TO PART I, LINE 4	51,463	. 26,38	1.	25,082.	25,08	32.	
FORM 990-PF		ACCOUNTI	NG FEES	<u>, , , , , , , , , , , , , , , , , , , </u>		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	IVEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING		1,950.		975.		975	
TO FORM 990-PF, PG	1, LN 16B	1,950.		975.		975	
FORM 990-PF	0	THER PROFES	SIONAL	FEES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM		
BROKERAGE FEES	_	10,247.	1	.0,247.		0	
TO FORM 990-PF, PG	1, LN 16C	10,247.	1	.0,247.		0	

FORM.990-PF	OTHER E	XPENSES			STAT	EMENT	5
	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	_	(D) HARITAI PURPOSI	
DISCOVERY EDUCATION WASHINGTON DC YOUTH TOUR	2,628.		0.			2,6	28.
EXPENSES SCHOLARSHIP ADVERTISING	1,568. 742.		0. 0.			1,50 7	68. 42.
TO FORM 990-PF, PG 1, LN 23	4,938.		0.	<del></del>		4,9	38.
FORM 990-PF	CORPORAT	E STOCK			STAT	EMENT	6
DESCRIPTION			ВОО	K VALUE		MARKE! ALUE	Г
INVESTMENTS - OTHER		-		951,955.		951,9	55.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	. =		951,955.		951,9	55.
FORM 990-PF DEPRECIATION OF A	ASSETS NOT	HELD FOR	INVE	STMENT	STAT	EMENT	7
DESCRIPTION		T OR BASIS		MULATED ECIATION	воо	K VALUI	E
COMPUTER HARDWARE	-	14,995.		14,995.		·	0.
TOTAL TO FM 990-PF, PART II, L	N 14	14,995.	<del>-</del>	14,995.			0.

FORM.990-PF		LIST OF OFFICERS, DI AND FOUNDATION MANAG		STATI	EMENT 8
NAME AND ADDRESS	-	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
FRANK BLACKBURN 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	PRESIDENT 1.00	0.	0.	0.
KENNY WILHITE 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	VICE-PRESIDENT 1.00	0.	0.	0.
POWHATAN CARTER 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	SECRETARY/TREAS	SURER 0.	0.	0.
LARRY WALLIN 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	DIRECTOR 1.00	0.	0.	0.
JAMES CORDOVA 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	DIRECTOR 1.00	0.	0.	0.
MABEL FLORES 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	DIRECTOR 1.00	0.	0.	0.
FRANK GARNETT 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	DIRECTOR 1.00	0.	0.	0.
JERRY SOURS 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	DIRECTOR 1.00	0.	0.	0.
MICHAEL MONTOYA 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	DIRECTOR 1.00	0.	0.	0.
SHIRLEY CARTER 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	DIRECTOR 1.00	0.	0.	0.
LELAND HARRAL 7111 NORTH PRINCE CLOVIS, NM 88101	STREET	DIRECTOR 1.00	0.	0.	0.

ENMR EDUCATION FOUNDATION			85-0385	5194
ISMAEL ARAGON 7111.NORTH PRINCE STREET CLOVIS, NM 88101	DIRECTOR 1.00	0.	0.	0.
JIM LYSSY 7111 NORTH PRINCE STREET CLOVIS, NM 88101	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.
FORM 990-PF SUMMARY OF	DIRECT CHARITABLE ACTI	(VITIES	STATEMENT	9
ACTIVITY ONE				
TO PROVIDE COLLEGE SCHOLARSHI TELEPHONE COOPERATIVE INC. AN MEMBERS. IN ADDITION, THE CO STUDENTS TO ATTEND WASHINGTON	ND TO THEIR IMMEDIATE FA	AMILY		
			EXPENSES	3
TO FORM 990-PF, PART IX-A, LI	:NE 1		107,7	788.
FORM 990-PF SUMMARY OF	F DIRECT CHARITABLE ACTI	IVITIES	STATEMENT	10
ACTIVITY TWO				
TO PROVIDE GRANTS TO LOCAL SO ORGANIZATIONS TO UPGRADE THEI 2018, THE FOUNDATION GAVE GRALOCAL GOVERNMENTS, AND OTHER E.N.M.R. TELEPHONE COOPERATIVE	R TECHNOLOGICAL EQUIPME ANTS TO LOCAL SCHOOL DIS NON-PROFIT ORGANIZATION	STRICTS,	,	
			EXPENSES	5
			-	

990-PF INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 11
PART XVII, LINE 1, COLUMN (D)

## NAME OF NONCHARITABLE EXEMPT ORGANIZATION

E.N.M.R. TELEPHONE COOPERATIVE

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THE COOPERATIVE MAINTAINS RECORDS FOR THE FOUNDATION AT NO COST TO THE FOUNDATION.

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS STATEMENT 12
PART XVII, LINE 2, COLUMN (C)

NAME OF AFFILIATED OR RELATED ORGANIZATION

E.N.M.R. TELEPHONE COOPERATIVE

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION
THE FOUNDATION BOARD OF DIRECTORS ARE ALSO ON THE COOPERATIVE BOARD.

N REPORT
AMORTIZATION
<b>ECIATION AND</b>
2018 DEPRI

•	Ending Accumulated Depreciation	14,995.	14,995.	tion, GO Zone
	Current Year Deduction	·o	0	·ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense			nercial Revita
	Beginning Accumulated Depreciation	14,995.	14,995.	Bonus, Comn
	Basis For Depreciation	14,995.	14,995.	ITC, Salvage,
	Reduction In Basis			•
G.	Section 179 Expense			
990-PF	Bus % Excl			posed
	Unadjusted Cost Or Basis	14,995.	14,995.	(D) - Asset disposed
	Line No	16		_
	005>			
	Lıfe	5.00		
	Method	SL		
	Date Acquired	10/01/11		
PORM 990-PF PAGE 1	Description	COMPUTER HARDWARE	* TOTAL 990-PF PG 1 DEPR	4-01-18
JRM 99	Asset	11		828111 04-01-18
۲ı		L		 80

\*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed