

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
 Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

B Check if applicable:
 Address change
 Name change
 Initial return Final
 Return/terminated
 Amended return
 Application pending

C Name of organization: THE NEW MEXICO TECH RESEARCH FOUNDATION
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 801 LEROY PLACE
 City or town, state or province, country, and ZIP or foreign postal code: SOCORRO, NM 87801

D Employer identification number: 85-0194323
E Telephone number: (575) 835-5658
G Gross receipts \$ 840,049

F Name and address of principal officer: COLLEEN FOSTER, 801 LEROY PLACE, SOCORRO, NM 87801

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1965
M State of legal domicile: NM

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE SCIENCE EDUCATION AT THE NEW MEXICO INSTITUTE OF MINING AND TECHNOLOGY				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9		
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0		
	6 Total number of volunteers (estimate if necessary)	6	10		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	1,242,446	Current Year	321,161
	9 Program service revenue (Part VIII, line 2g)		97,663		90,150
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		582,774		428,738
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,922,883		840,049
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,821,187	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0		0
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			584,990		331,844
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,406,177		2,202,010	
19 Revenue less expenses Subtract line 18 from line 12		-483,294		-1,361,961	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	26,777,062	End of Year	25,261,134
	21 Total liabilities (Part X, line 26)		2,336,944		122,385
	22 Net assets or fund balances Subtract line 21 from line 20		24,440,118		25,138,749

Part II 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.

Sign Here
 Signature of officer: _____ Date: 2018-02-26
 COLLEEN FOSTER EXECUTIVE DIRECTOR/EX-OFFICIO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JESSICA LOCKER CPA
 Preparer's signature: JESSICA LOCKER CPA
 Date: _____
 Check if self-employed PTIN: P01367046
 Firm's name: ATKINSON & CO LTD Firm's EIN: 85-0211867
 Firm's address: PO BOX 25246 Phone no: (505) 843-6492
 ALBUQUERQUE, NM 87125