Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687 2012

Department of the Treasury Internal Revenue Service

For calendar year 2012 or other tax year beginning Jul 1 and ending Jun 30 Open to Public Inspection for 501(c)(3) Organizations Only ► See separate instructions. Check box if name changed and see instructions.) Name of organization (Employer identification number New Mexico State University Print Number, street, and room or suite number, If a P.O. box, see instructions. or 85-6000401 Type

Check box if address changed Exempt under section 501(Unrelated business activity codes (see instructions.) 220(e) PO Box 30001., MSC 3AA 408(e) State ZIP code 408A 530(a) 529(a) Las Cruces NM 88003 611310 Book value of all assets at F Group exemption number (See instructions.)► end of year G Check organization type ▶ 501(c) corporation 401(a) trust 501(c) trust Other trust Describe the organization's primary unrelated business activity.

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 🟲 X No If 'Yes,' enter the name and identifying number of the parent corporation The books are in care of tomograms. Correct and Tolophono number > /cmr)

J The books are in care of Treasury Services	elephone number (57)	5) 646-4019		
Part I Unrelated Trade or Business Income	(B) Expenses	(C) Net		
1 a Gross receipts or sales 3,257,178.				
b Less returns and allowances c Balance ►	1 c	3,257,178.		
2 Cost of goods sold (Schedule A, line 7)	. 2	375,688.		
3 Gross profit. Subtract line 2 from line 1c	. 3	2,881,490.		2,881,490.
4 a Capital gain net income (attach Schedule D)	. 4 a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	. 4b			
c Capital loss deduction for trusts	. 4c			
5 Income (loss) from partnerships and S corporations (attach statement)	. 5			
6 Rent income (Schedule C)	. 6			
7 Unrelated debt-financed income (Schedule E)	. 7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	. 8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	. 9			
10 Exploited exempt activity income (Schedule I)	. 10			
11 Advertising income (Schedule J)	. 11			
12 Other income (See instructions; attach statement)				
	12			
13 Total. Combine lines 3 through 12	. 13	2,881,490.		2,881,490.

Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) Part II (except for contributions, deductions must be directly connected with the unrelated business income)

	(ondope to out that one) adda to the made to all only out mode		Title till die		.000 111001110)	
14	Compensation of officers, directors, and trustees (Schedule K)			14		
15	Salaries and wages			15	1,163,855.	
16	Repairs and maintenance			16	37,402.	
17	Bad debts			17		
18	Interest (attach statement)			18		
19	Taxes and licenses			19	273,588.	
20	Charitable contributions (See instructions for limitation rules)			20	-	
21	Depreciation (attach Form 4562)	21	156,790.			
22	h e e e e e e e e e e e e e e e e e e e	ess depreciation claimed on Schedule A and elsewhere on return				
23	Depletion	23	156,790			
24	Contributions to deferred compensation plans		24			
25	Employee benefit programs			25	2,216	
26	Excess exempt expenses (Schedule I)					
27	Excess readership costs (Schedule J)			27		
28	Other deductions (attach statement) See Other Deductions Statem	ent		28	1,572,185	
29	Total deductions. Add lines 14 through 28			29	3,206,036	
30	Unrelated business taxable income before net operating loss deduction. Subtract li			-324,546		
31	Net operating loss deduction (limited to the amount on line 30)					
32	Unrelated business taxable income before specific deduction. Subtract line 31 from		-324,546			
33	Specific deduction (generally \$1,000, but see line 33 instructions for exceptions.)			33	1,000	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greathe smaller of zero or line 32			34	224 546	
	THE SHIGHER OF ACID OF HISCOATTITES, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			J-4	-324,546	

BAA

Value of the last	The second second	Tax Computation								
35	-	izations Taxable as Corporations. (se								
		olled group members (sections 1561 a								
a	Enter	your share of the \$50,000, \$25,000, a	nd \$9,925,000 taxable incom	e bracke	ets (in that order):					
	(1) \$	(2) \$	(3) \$							
b	Enter	organization's share of: (1) Additional	5% tax (not more than \$11,7	50)	\$	1				
	(2) Ad	ditional 3% tax (not more than \$100,0	00)	****	\$					
C	Incom	e tax on the amount on line 34					35 c			
36	Trusts	s taxable at trust rates. (see instruction	ns for <u>tax</u> computation) Incon	ne tax oi	n the amount					
		e 34 from: Tax rate schedule or	Schedule D (Form 1	041)		, -	36			
37	Proxy	tax. (see instructions)				▶	37			
		ative minimum tax					38			
39	Total.	Add lines 37 and 38 to line 35c or 36	, whichever applies				39			
Par	t IV	Tax and Payments	7960							
40 a	Foreig	n tax credit (corporations attach Form	1118; trusts attach Form 11	16)	40 a	1				
b	Other	credits (see instructions)			40 b					
С	Gener	al business credit. Attach Form 3800 ((see instructions)		40 c					
d	Credit	for prior year minimum tax (attach Fo	orm 8801 or 8827)		40 d					
		credits. Add lines 40a through 40d					40 e			
41	Subtra	act line 40e from line 39	ran range rangera rang	. <u></u>			41			
42	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697	Forn	n 8866	Ī				
		ther (attach statement)					42			
43	Total	tax. Add lines 41 and 42					43			0.
44 a	Payme	ents: A 2011 overpayment credited to	2012		44 a		3.10			
b	2012	estimated tax payments			44 b					
С	Tax de	eposited with Form 8868	PART TO THE PROPERTY PROPERTY AND ADDRESS.		44 c					
d	Foreig	n organizations: Tax paid or withheld	at source (see instructions)		44 d					
е	Backu	p withholding (see instructions)			44 e					
f	Credit	for small employer health insurance p	oremiums (Attach Form 8941))	44 f					
g	Other	credits and payments:	rm 2439							
	F	orm 4136	ner To	otal •	► 44 g					
45	Total	payments. Add lines 44a through 44g					45			
46		ated tax penalty (see instructions). Ch					46			
47		ue. If line 45 is less than the total of lin					47			
48		payment. If line 45 is larger than the to					48			
100000		a saturation of the contraction of the first of the state of the same of the s			1	Refunded ►	49			
49		the amount of line 48 you want: Credi			122		49			
		Statements Regarding Certai							1	
1		time during the 2012 calendar year,							Yes	No
		ial account (bank, securities, or other) in a								
	Repor	t of Foreign Bank and Financial Accou	ints. If 'Yes', enter the name	of the fo	oreign country here					X
2	During	g the tax year, did the organization red	eive a distribution from, or w	as it the	grantor of, or tran	sferor to, a fo	oreign tr	ust?		x
	If 'Yes	s', see instructions for other forms the	organization may have to file	9.					()	
3		the amount of tax-exempt interest rec			\$				3.54	
the same of the sa		A - Cost of Goods Sold. Ente			Average Co	a+				
1		ory at beginning of year	1 140,543.		ventory at end of ye		6	1	.57,0	134
2		ases	110/313.	2000 0000	ost of goods sold.	reserve or promote management			37,0	34.
					ne 6 from line 5. En					
3	0 200000	of labor	3		nd in Part I, line 2.		7	3	75,6	88.
4 a	Addition	nal section 263A costs (attach statement)							Yes	No
792	1200	_Θ	4 a	8 D	o the rules of section	n 263A (with	ı resneci	to	000000	3
b	Other co		4 b		operty produced or				edick in	
5		Add lines 1 through 4b	5 532,722.		the organization?					Х
		Under penalties of perjury, I declare that I have e belief, it is true, correct, and complete. Declaration		anying scl	hedules and statements,	and to the best o	f my knowl	edge and		
Sign	1	belier, it is true, correct, and complete. Declaration	on or preparer (other than taxpayer) is			-	Adam Har III	00 4: 1	this return	n with
Her		3/1 runny	2/14/19		Senior VP Admin	& Finance	the prepar	er shown be	elow (see	9 WILLI
		Signature of officer	Date		Title		instruction	s) f	'es	No
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN			
Paid		with a 19 componency proceedings				self-employed				×
Pre-		Firm's name New Mexico St	aba Walasaalta			Firm's EIN				
Use		New Mexico St	ate University			r iiii 3 Liiv				
Only		Firm's address 2850 Weddel1	36			Dhana				
		Las Cruces		NM 8	8003	Phone no.				

TEEA0202 03/14/13

Schedule C - Rent Incon	ne (From Real P	roperty and	d Persor	ial Property	Lea	ised V	Vith Rea	l Pro	per	ty) (see instructions)		
1 Description of property					***************************************	***************************************						
(1)					·							
(2)				· · · · · · · · · · · · · · · · · · ·								
(3)						·						
(4)												
	2 Rent received of					_	(a) Deduc	tions d	tirec	tly connected with		
(a) From personal pro (if the percentage of rent for property is more than 10' more than 50%)	(if the perce property ex	entage of r	sonal property ent for persona or if the rent i or income)	d		the incom	e in co	olum	nns 2(a) and 2(b)			
(1)												
(2)												
(3)						-						
Total	Tot			***************************************								
			***************************************			- (b) To	otal deductio	ons, Ente	er			
(c) Total income. Add totals of chere and on page 1, Part I, line	6, column (A)					I here a	nd on page 1 6, column (B	l. Part				
Schedule E – Unrelated I	Dept-Financed i	ncome (see	instruction	is)	2.0	Na di catta				ed with an allocable to		
1 Description of de	bt-financed property		or alloca	ncome from able to debt-	3 L		debt-f	finance	nected with or allocable to ed property			
			tinance	ed property	dep	(a) Straight line depreciation (attach stmt)				(b) Other deductions (attach statement)		
(1)					_							
(2)									—			
(3)	·											
4 Amount of average	5 Average adjus	tad hacie of	60	olumn 4	-	7 Gros	s income		R	Allocable deductions		
acquisition debt on or allocable to debt-financed property (attach statement)	or allocable to de property (attach	ebt-financed	div	ided by lumn 5	re	oortable	ortable (column 2 x column 6)		((column 6 x total of olumns 3(a) and 3(b))		
(1)		· · · · · · · · · · · · · · · · · · ·		%	1							
(2)				્ર સ								
(4)				%								
Totals	tions included in col	umn 8			Pa	rt I, line	7, column	n (A).	Par	er here and on page 1, rt I, line 7, column (B).		
Schedule F - Interest, A	nnuities, Royalti	es, and Re	nts Fror	n Controlle	d Or	ganiz	ations (s	see ins	truc	tions)		
		Exempt Con	trolled Org	anizations				·				
1 Name of controlled organization	2 Employer identification number	3 Net uni income (lo instructi	ss) (see	4 Total of specified payments made				uded ir olling n's gros	d in connected with income in column 5			
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiza												
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		f specified nts made	10 Part include organiza	d in t	he cont	rolling			Deductions directly ected with income in column 10		
(1)							***************************************					
(2)												
(3)								<u> </u>				
(4)								ļ				
Totale				Add colun here and o 8,	n pag				and	umns 6 and 11. Enter on page 1, Part I, line 8, column (B).		
Totals				· • I				1				

Schedule G - Investment Inco	me of a Section	1 501(c)(7), (9), or (17) Orga	niza	ation (see ins	tructio	ns)			
1 Description of income	2 Amount of incon		3 Deductions		4 Set-asides (attach statemen			5 Tota set-as	l deductions and sides (column 3 us column 4)		
(1)	*****										
(2)	***************************************		***************************************						***************************************		
(3)											
(4)											
Table	Enter here and on p Part I, line 9, colur	page 1, nn (A).						Enter he Part I, li	ere and on page 1, line 9, column (B).		
Totals			1	4 1 11 1	•						
Schedule I — Exploited Exemp	1	ie, Otl	ner Tha	n Advertising	Inc	ome (see ins			1		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conne proc of u	ses directly icted with duction nrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	n unrelated trade actions of the column strains column and bus		column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)											
(2)											
(3)											
(4)							***************************************	······································			
	Enter here and on page 1, Part I, line 10, column (A)	on p Part I	here and page 1, , line 10, mn (B).						Enter here and on page 1, Part II, line 26.		
Totals											
Schedule J – Advertising Inco							,				
Part I Income From Periodic	als Reported or	ı a Co	nsolida		,						
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income		6 Readership costs		7 Excess readership costs (col 6 minus col 5, but not more than col 4).		
(1)											
(2)											
_(3)											
(4)											
Totals (carry to Part II, line (5)) Part II Income From Periodic 7 on a line-by-line basis.)	▶ als Reported o	ı a Se	parate l	Basis (For each	perio	odical fisted in	Part I	, fill in col	umns 2 through		
7 on a line-by-line basis.)	2 Gross	1 2	Niva st	A Advertising sain as	Т_		~		Tag		
1 Name of periodical	advertising income	adve	Pirect rtising osts	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 (col 6 minus col 5, but not more than col 4).		
(1)				, at 11,34,34 by t i t	T						
(2)											
(3)											
(4)					<u> </u>						
(5) Totals from Part I											
	Enter here and on page 1, Part I, line 11, column (A) column (B).							Enter here and on page 1, Part II, line 27.			
Schedule K - Compensation	of Officers, Dire	ctors.	and Tr	ustees (see inst	ructi	ons)			·····		
1 Name			2 Title			3 Percent of time devote to busines	:d	4 Compensation attributable to unrelated business			
hearn,							%				
							8				
		-					%				
	***************************************	_					96				
Total. Enter here and on page 1. Part	II. line 14	J					P				

Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

2012

Attachment 179 Sequence No.

85-6000401

New Mexico State University
Business or activity to which this form relates

For Pa i	m 990-T page 1	vence Certain F	Property Under Sec	tion 170				
j ai	Note: If you have ar	ny listed property, d	complete Part V before	you complete Par	t I.			
1	Maximum amount (see ins						1	500,000.
2	Total cost of section 179 pe		2					
3	Threshold cost of section 1					r	3	2,000,000.
4	Reduction in limitation. Sul						4	
5	Dollar limitation for tax yea separately, see instructions	ar, Subtract line 4 f	rom line 1. If zero or les	ss, enter -0 If ma	arried filing	3	5	
6		Description of property		(b) Cost (business		(c) Elected cost		

7	Listed property. Enter the a							
8	Total elected cost of section						8	
9 10	Tentative deduction. Enter Carryover of disallowed de					1	9 10	
11	Business income limitation						11	
12							12	
	Carryover of disallowed de	duction to 2013. Ad	dd lines 9 and 10, less I	ine 12				
	: Do not use Part II or Part							
Par	t II Special Depreci	iation Allowand	ce and Other Depre	eciation (Do no	t include li	sted property.) (See	instructions.)
14	Special depreciation allows	ance for qualified p	roperty (other than liste	d property) place	d in servic	e during the		
	tax year (see instructions)						14	
15	reports cableat to accitor.					l l	15	
	Other depreciation (includi						16	
rai	t III MACRS Depred	ciation (Do not in	ciude listed property.) (Section		***************************************			***************************************
17	MACRS deductions for ass	ote placed in consi					17	156,790.
		•	, ,	9		ì		130,790.
18	If you are electing to group asset accounts, check here	any assets placed	in service during the ta	ax year into one o	ir more ge	neral ►		
			n Service During 2012				yste	m
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conventio	n (f) Method		(g) Depreciation deduction
19 a	3-year property							
	5-year property							
	7-year property							
	10-year property							
	15-year property							
	20-year property							
	125-year property			25 yrs		S/L		
r	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	<u>S/L</u>		
'	Nonresidential real	-		39 yrs	MM	S/L		
	property	Accete Placed in	Service During 2012 Ta	v Veer Heine the	MM Alternatio	S/L	Syct	em .
20 a	Class life		October During 2012 16	ix real osing are	- Alternati	S/L	Jy 31	
	12-year			12 yrs	 	S/L	······································	
	: 40-year			40 yrs	MM	5/L	~~~~	
	t IV Summary (See in						***********	<u> </u>
21	Listed property. Enter amo						21	
22	Total. Add amounts from line 12, the appropriate lines of you	. lines 14 through 17. lir	nes 19 and 20 in column (a), a	and line 21. Enter here	e and on		22	156,790.
23	For assets shown above an the portion of the basis atte	nd placed in servic	e during the current yea	ar, enter	23			

	1 4562 (2012)	New Mexic				vohiolov	- cortoi	D 00	isso i it	ore on	d propo	rty ucos	85-60			Page 2
Pai		on, or amuseme		ies, certa	iiri otner	venicles	s, certai	II CO	mput	ers, an	a prope	ny usec	i ioi ente	en tanning	ent,	
	columns	or any vehicle fo (a) through (c)	of Section A,	all of Sec	tion B, a	and Sect	ion C if	арр	licabl	'e						
		n A — Deprecia			<u>`</u>					***************************************			ger auton e written? .	·		No
24 8	Do you have evi	T	1	nvestmen (d		ımea? L	Yes (e)		NO			e evidenc (g)	T	(h)	Yes	(i)
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost other t	or	(busine	(e) or deprecia ss/investra se only)			(f) Recovery period	Me	thod/ vention	Depre	eciation action	EI sect	ected ion 179 cost
25	Special deprec		e for qualified li									25		·		
26	Property used i					<u> </u>					<u> </u>		A.,		15000000000	***************************************
	······			·····	~~~~~~						_					
27	Property used 5		qualified busing	ness use:					1,		1	·····	1			
												.,				
															-	
28	Add amounts in) column (h) lir	l L nes 25 through	27 Enter	here ar	l nd on lin	e 21. na	ane 1	l			28			_	
29	Add amounts in		e 26. Enter her	e and on	line 7, p	page 1.								. 29		
				Section I												
Com to yo	iplete this section our employees, f	n for vehicles u irst answer the	sed by a sole p questions in So	roprietor ection C t	, partner o see if	r, or othe you mee	er 'more et an ex	thai cept	n 5% ion to	owner, comp	, or rela leting th	ited per is section	son. If yo on for tho	ou provi ose vehi	ded veh icles.	icles
~~~	T-1-1			(a Vehi	1)	(b	)		(c)		(d	  )	(e	)	(1	)
30	Total business/ during the year commuting mil	(do not include	9	<b>——</b>	cle 1	Vehic	cle 2	\   \	/ehić	le 3	Vehi	cle 4	Vehic	cle 5	Vehicle (	
31	Total commuting n	•														
32	Total other per	sonal (noncomr	0,													
33	Total miles driv	ven during the y	rear. Add													
	lines 30 throug	h 32		Yes	No	Yes	No	Ye	95	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	e available for phours?														
35	Was the vehicle than 5% owner	e used primarily or related pers	y by a more son?													
36	ls another vehi personal use?	cle available fo														
۸۵۵	wer these questi		C - Questions											^ 2re nc	nt more	than
5%	wer these questi owners or related	d persons (see	instructions).	ш ехсері	IOH TO CC	mhienn	y secuc	)II (5	IOI V	еничеѕ	useu by	/ еттрю	yees will	alciic	A HIOLE	шан
37	Do you maintai	n a written poli	cy statement th	at prohib	oits all pe	ersonal i	use of v	ehicl	les, i	ncludin	g comm	uting,			Yes	No
	by your employ	/ees?														
38	Do you maintai employees? Se	in a written poli- ee the instructio	cy statement th ns for vehicles	iat prohib used by	oits perso corporat	onal use te officei	of veni s, direc	cies, tors,	exce or 1	ept con % or m	nmuting, nore owr	, by you iers	ır 			
39	Do you treat al															
40	Do you provide vehicles, and re	more than five etain the inform	vehicles to you nation received	ur employ ?	yees, ob	tain info	rmation	fron	n you	ır empl	oyees a	bout the	use of t	the		
41	Do you meet the <b>Note:</b> If your a	ne requirements <i>nswer to 37, 38</i>	concerning qu , 39, 40, or 41	alified au <i>is 'Ye</i> s,'	itomobile do not co	e demor omplete	stration Section	use B f	? (Se or the	ee instr e <i>cover</i>	uctions. ed vehic	) :les.				
Pa	rt VI Amort	ization		1			***************************************							1		
	De	(a) (b) (c) (d) (e) Date amortization begins amount section period or									(f) Amortization for this year					
42	Amortization o	f costs that beg	ins during your	2012 tax	x year (s	ee instr	uctions)	;				1 175	ercentage	1		
	A ma artination	of agata that have	nan hafara	2012 4-	V 1/00"								. 43	<u> </u>		
43 44		of costs that bego nounts in colum	-		•								43	1		***************************************

44 Total. Add amounts in column (f). See the instructions for where to report . . . . . .

Form **4562** (2012)

Form 990-T, Page 1, Part II, Line 28

## **Other Deductions Statement**

Travel & Seminars	21,283.
Materials & Supplies	566,607.
Business Meals	1,206.
Postage	780.
Telephone/Fax	14,691.
Advertising	16,589.
Printing	2,185.
Rentals	69,548.
Dues & Fees	386,188.
Insurance	15,819.
Miscellaneous	246.
Professional Services	101,610.
Freight	9,942.
Computer Services	143,158.
Utilities	80,303.
Bank Fees	23,267.
Administration	118,763.
Total	1,572,185.