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# 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 black lung benefit trust or private foundation)

2008

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u> I	or the	2008 calendar year, or tax year beginning NOV 1, 2008 and ending	OCT 31, 2009	
В	heck if pplicable	Please C Name of organization	D Employer identific	eation number
	Addres	s label or NEW MEXICO HUMANITIES COUNCIL		
F	Name change	type	85-02	225681
F	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/sui		
┌	Termin	Specific	1 '	277-3705
	Amend		G Gross receipts \$	1,173,418.
	Applica		H(a) Is this a group re	
	pendin	F Name and address of principal officer: CRAIG NEWBILL	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	luded? Yes No
1	Tax-exe	mpt status: X 501(c) ( 3	If "No," attach a	list. (see instructions)
J	<b>Nebsit</b>	e:▶ WWW.NMHUM.ORG	H(c) Group exemption	n number
K	Type of	organization: X Corporation	ar of formation: 1972 M	State of legal domicile: NM
P		Summary		
ø		Briefly describe the organization's mission or most significant activities: ${ t MISSION: 1}$		
Governance		THE HUMANITIES BY SEEKING OUT AND FUNDING QUA		
era	2 (	Check this box 🕨 📖 if the organization discontinued its operations or disposed of mo	ore than 25% of its assets	<b>3.</b>
Š		Number of voting members of the governing body (Part VI, line 1a)	3	13
ঞ	4	Number of independent voting members of the governing body (Part VI, Im $\mathbb{R}_0 \subseteq \mathbb{N}$	ED   4	13
Activities &	1	Total number of employees (Part V, line 2a)	၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂ ၂	6
Ĭ		Total number of volunteers (estimate if necessary)	010 - S	350
Act	1	Total gross unrelated business revenue from Part VIII, line 12, column (C)	ιή /a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u>C</u> 7b	0.
			Prior Year	Current Year
ര		Contributions and grants (Part VIII, line 1h)	646,017.	891,985.
ÇQ É		Program service revenue (Part VIII, line 2g)	<u>26,990.</u>	24,300.
ٷ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,804.	<u>&lt;13,533.</u> >
Ē	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	606 011	6,842.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	686,811.	909,594.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	155,915.	163,831.
<u>5</u> 4		Benefits paid to or for members (Part IX, column (A), line 4)	262,423.	321,146.
JC & ⊫ d∈ Expenses	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)	202,423.	321,140.
ച ഉല	loa	Total fundraising expenses (Part IX, column (D), line 25)  25,607.		
ິ້ພັ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	334,548.	453,797.
<b>^</b> 19,	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	752,886.	938,774.
⋑,		Revenue less expenses Subtract line 18 from line 12	<66,075.	
- Jo	13	Treversed tests expenses additional formation in	Beginning of Year	End of Year
Assets or	20	Total assets (Part X, line 16)	975.704.	1,020,086.
Ass	21	Total liabilities (Part X, line 26)	155,492.	153,489.
Net	22	Net assets or fund balances Subtract line 21 from line 20	820,212.	866,597.
P	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my knowledge	ge and belief, it is true, correct,
		and complete because for the preparation of preparation of the prepara	.ge <b>l</b>	1
Sig	n	Ciara V. / lutell	3/09	110
He		Signature of officer	Date 7	
		CRAIG(NEWBILL, EXECUTIVE DIRECTOR		<i></i>
		Type or print name and title		
Pai	d	Flebalet S		er's identifying number structions)
_	parer's	signature V CAMBOO A SUMB STATE	employed >	
	Only	Firm's name (or MACKIE, REID & COMPANY, P.A.	EIN ►	
		self-employed), address, and address, and		
		ZIP+4 ALBUQUERQUE, NM 87110	Phone no. ► (	
Ma	y the II	AS discuss this return with the preparer shown above? (see instructions)		X Yes No
832	001 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate i	nstructions.	Form <b>990</b> (2008)

### Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			17
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			x
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 10	Х	
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	10	Δ_	
11	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
12	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	_x_	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			<b>.</b>
	If "No", go to question 25	24a		<u> </u>
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		<del>                                     </del>
С		240		
د.	any tax-exempt bonds?	24c 24d		$\vdash$
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		$\vdash$
<u> L</u> Jd	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	100		<del></del>
	pnor year? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			<u> </u>
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>
_		_	000	

85-0225681

Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee. a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X person(s) listed in Part VII, Section A)? If "Yes." complete Schedule L. Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? X If "Yes," complete Schedule L, Part IV ...... .. .. 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X . .... Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ... . ..... ... ... ... .... 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, III, IV, and V, line 1 X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes." complete Schedule R, Part V, line 2 X 35 . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 ..... Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form **990** (2008)

Form 990 (2008) NEW MEXICO HUMANITIES COUNCIL
Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			r
	(gambling) winnings to prize winners?	1c		!
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-		
	filed for the calendar year ending with or within the year covered by this return 2a 6			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	Ī		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		Ĺ
6a	Did the organization solicit any contributions that were not tax deductible?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ł
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			ł
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ł
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		X
h	, , , ,	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	_		
_	excess business holdings at any time during the year?	_8_		<del></del>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a_		<del> </del> -
b 1∩	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: N/A	9b		
10	1			l
a				
ь 11	Section 501(c)(12) organizations. Enter: N/A			l
'' a	O the state of the			1
a b				1
	amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	.20		
<del>_</del>			<del></del>	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

<u>sec</u>	tion A. Governing Body and Management			
			Yes	No_
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body  1a 13			
Ь	Enter the number of voting members that are independent 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ļ		
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u> _
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a_		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
_	to conflicts?	12b	Х	
С				
_	in Schedule O how this is done	12c	x	}
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		_
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а		15a	X	
- L	Other officers or key employees of the organization?	15b		х
U	Describe the process in Schedule O. (see instructions)	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IVa	taxable entity during the year?	16-		x
_		<u>16a</u>		
Б	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	401	}	}
500	exempt status with respect to such arrangements?	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed NM			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ior		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	nd fina	incial	
	statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion.	<b>-</b>	
	NEW MEXICO HUMANITIES COUNCIL - 505-277-3705			
	209 ONATE HALL UNM CAMPUS, ALBUQUERQUE, NM 87131-1213			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	(B)			(C				(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours per week	director	Institutional trustee			Highest compensated Educated		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DR, JIM HARRIS										
VICE CHAIR	0.80	X						0.	0.	0.
DR. LANELLE WITT										
SECRETARY/TREASURER	0.80	X						0.	0.	0.
DR. DWIGHT T. PITHCAITHL										
DIRECTOR	0.80	X						0.	0.	0.
MR. JOHN ANDREWS									_	
DIRECTOR	0.80	X		_				0.	0.	0.
MR RANDY FORRESTER					ļ				_	_
DIRECTOR	0.80	X	<u> </u>		L	<u> </u>		0.	0.	0.
MS. DIANE BIRD		l						_ 1		
DIRECTOR	0.80	X	<u> </u>			L	_	0.	0.	0.
MR. TERRY BUMPASS		l								
DIRECTOR	0.80	X	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
MR. JOSE GUZMAN		l								_
DIRECTOR	0.80	X	-	_	<u> </u>		<u> </u>	0.	0.	0.
DR. J. STEPHEN ROTTLER		l			ŀ					
CHAIR	0.80	X	<u> </u>					0.	0.	0.
DR. CYNTHIA E. OROZCO										_
DIRECTOR_	0.80	X	<b> </b>	ļ	ļ	<b></b>	<b> </b>	0.	0.	0.
MS. DERRITH WATCHMAN-MOO		l								
DIRECTOR	0.80	X	<u> </u>			-		0.	0.	0.
MRS. RITA POWDRELL	0 00	١	ŀ							
DIRECTOR	0.80	X	├-	<b>.</b>	-	-		0.	0.	0.
MS NELDA L, SMITH	0 00								_	
DIRECTOR	0.80	X	├	├-	├-	├-	├	0.	0.	0.
CRAIG NEWBILL	40 00			٦,		1		107 410	_	0.056
EXECUTIVE DIRECTOR	40.00			X		X		107,410.	0.	8,056.

	990 (2008) NEW MEXIC	<u>CO HUMAI</u>	<u>'IV</u>	<u> FII</u>	<u> </u>	_ <u>C(</u>	$\overline{000}$	<u>1C:</u>	IL	<u>85-02</u>	<u> </u>	<u> 81</u>	<u>Pa</u>	age 8
Par	t VII Section A. Officers, Directors, Tru	<u>istees, Key Ei</u>	mple	oyee	s, a	nd l	<u>High</u>	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average			Posi		)		Reportable	Reportable	- 1	Est	timate	ed :
		hours	(c	hecl	call :	that	арр	ly)	compensation	compensatio	n	am	ount	of
		per	ē						from	from related			other	
		week	Individual trustee or director				_		the	organizations	1		pensa	
			5	eg Sign			Highest compensated employee	ļ	organization	(W-2/1099-MIS	;C)		om the	
			T st	Institutional trustee		9	mpe	Ì	(W-2/1099-MISC)			_	ınizat	
		1	dual	鼍	_	윹	S st						l relat nizatı	
		1	ig i	慧	Officer	Key employee	音	臣				orya	ııızatı	JI 15
			⊢	<b>├</b>			┼		ļ		$\dashv$			
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		ļ	╄	<u> </u>	ļ.	<u> </u>		ļ	<u> </u>		$\longrightarrow$			
					<u> </u>									
1b	Total								107,410.		0.		<u>8,0</u>	<u>56.</u>
2	Total number of individuals (including thos	e in 1a) who re	ceiv	ed r	nore	tha	an \$1	00,	000 in reportable					
	compensation from the organization								<u>.</u>					1
													Yes	No
3	Did the organization list any former officer	, director or tru	ste	e, ke	y en	nplo	yee,	ori	highest compensated ei	mployee on				
	line 1a? If "Yes," complete Schedule J for	such individua	١								1	3		X
4	For any individual listed on line 1a, is the s									the organization	ſ		-	
	and related organizations greater than \$15	0,000? <i>If</i> "Yes	, " co	ompi	lete	Sch	edul	e J	for such individual			4		Х
5	Did any person listed on line 1a receive or									ices rendered to	1		-	
•	the organization? If "Yes," complete Sched	•					,		<b>3</b>		ļ	5		х
Sec	tion B. Independent Contractors		,											
1	Complete this table for your five highest co	ompensated in	den	end	ent d	cont	tracto	ors	that received more than	\$100 000 of con	nens	ation f	rom	
•	the organization. NONE	omponioa.oo iii	ч					0.0	mat rootivou moro anari	<b>4</b> 100,000 01 00.1		u		
	(A)	·· <del>···</del>							(B)			(C	••	
	Name and business	address							Description of s	services	С	ompe		'n
		<del> </del>												
		-												
	<del></del>													
										l				
									<del> </del>					
2	Total number of independent contractors	(including thes	e in	1) w	/ho r	ece	ıved	mo	re than \$100.000 in con	npensation				
	from the organization	0				_		_	, ==					
												_		

	1990 ( rt VII	2008) NEW M	EXICO HU	<u>MANITIES</u>	COUNCIL		85-0225	681 Page 9
ra —	I VII	Statement of Never	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f		1b 1c 1d 1d 1s, and ve 1f	20,751.	891,985.			
Program Service Revenue	2 a b c d			Business Code 711300	24,300.			
Prog		All other program service reverses	enue		24,300.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta	x-exempt bond	proceeds	15,248.			15,248.
	b b	Gross Rents	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 235,043 263,824					
er.	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraisin	-	. <b>.</b>	<28,781.	>		<u>&lt;28,781.</u> >
Other Revenue		including \$ contributions reported on line Part IV, line 18	1c). See	1				
Oth	С	Less. direct expenses  Net income or (loss) from fund  Gross income from gaming and  Part IV, line 19	ctivities. See					
	С	Less: direct expenses  Net income or (loss) from gan  Gross sales of inventory, less and allowances	returns	<b>•</b>				
	с	Less: cost of goods sold  Net income or (loss) from sale  Miscellaneous Revenu  MISCELLANEOUS	es of inventory	Business Code 711300	6,842.	6,842.		
	11 a b c			711300	0,042	0,042.		
	e 12	Total. Add lines 11a-11d  Total Revenue. Add lines 1h, 2g, 3,	 4, 5, 8d, 7d, 8c, 9c,		6,842. 909,594.		0.	<13,533.>

Form **990** (2008)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	and 501(c)(4) organizat ete column (A) but are			(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	163,831.	163,831.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	115,467.	57,942.	57,121.	404.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	158,677.	79,624.	78,498.	555.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	10,116.	5,077.	5,004.	35.
9	Other employee benefits	8,591.	4,309.	4,251.	31.
10	Payroll taxes .	28,295.	14,198.	13,998.	99.
11	Fees for services (non-employees)				
а	Management				
b	Legal	213.	107.	106.	
C	Accounting	16,059.	10,706.	5,353.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,884.		2,884.	
g	Other	23,248.	16,794.	6,454.	
12	Advertising and promotion	14,507.	8,704.		5,803.
13	Office expenses	9,937.	4,986.	4,916.	35 <b>.</b>
14	Information technology	1,156.	580.	572.	4.
15	Royalties				
16	Occupancy	5,318.	2,668.	2,631.	19.
17	Travel	73,607.	52,869.	12,963.	7,775.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,179.	1,094.	1,077.	8.
23	Insurance	2,149.		2,149.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	AMUTTO DOCCODIL COCEC	205,097.	205,097.		
a b	COVER AD LO MONODADTA	54,875.	54,875.		
	PRINTING	14,015.	4,205.	4,204.	5,606.
d	D.117.0	8,516.	4,258.	4,258.	3,000.
e	TEL EDWALD	6,011.	3,017.	2,973.	21.
	All other expenses	14,026.	8,453.	361.	5,212.
25	Total functional expenses. Add lines 1 through 24f	938,774.	703,394.	209,773.	25,607.
26	Joint Costs. Check here Juf following	230/2	,		
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	The same series and remaining commentation			L	5 000 (2222)

Form **990** (2008)

832011 12-18-08

Pa	rt X	Balance Sheet			
•	-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	13,346.	1	24,182.
	2	Savings and temporary cash investments	111,868.	2	131,770.
	3	Pledges and grants receivable, net	445,385.	3	420,810.
	4	Accounts receivable, net	40,301.	4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	1,787.	9	1,770.
	10a	Land, buildings, and equipment. cost basis 10a 64, 962.			
	b	Less. accumulated depreciation. Complete			
		Part VI of Schedule D 10b 53,615.	5,269.	10c	11,347.
	11	Investments - publicly traded securities	317,748.	11	388,095.
	12	Investments · other securities. See Part IV, line 11	40,000.	12	42,112.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	975,704.	16	1,020,086.
	17	Accounts payable and accrued expenses	9,204.	17	16,682.
	18	Grants payable	114,104.	18	99,045.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Lia	}	highest compensated employees, and disqualified persons. Complete Part II		'	
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable		23 24	
	25	Other liabilities. Complete Part X of Schedule D	32,184.	25	37,762.
	26	Total liabilities. Add lines 17 through 25	155,492.	26	153,489.
	20	Organizations that follow SFAS 117, check here   X and complete	13371321		133/103.
ဖွ		lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	420,667.	27	535,099.
<u>a</u>	28	Temporanly restricted net assets	399,545.	28	331,498.
g p	29	Permanently restricted net assets	,	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here  and	, ,		
<u>5</u>		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	820,212.	33	866,597.
_	34	Total liabilities and net assets/fund balances	975,704.	34	1,020,086.
Pa	rt XI	Financial Statements and Reporting			
			<b>7</b>		Yes No
1		ounting method used to prepare the Form 990 CashX Accrual	」 Other		
2a		e the organization's financial statements compiled or reviewed by an independent a	accountant?		2a X
b		e the organization's financial statements audited by an independent accountant? es" to lines 2a or 2b, does the organization have a committee that assumes respor		2014	2b X
С		es to lines 2a or 2b, does the organization have a committee that assumes respon- ew, or compilation of its financial statements and selection of an independent accor-		auull	Zc X
3.0		result of a federal award, was the organization required to undergo an audit or aud		ile Au	
Ja		and OMB Circular A-133?		,	3а   Х
ь		es " did the organization undergo the required audit or audits?			3b X

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Inspection Name of the organization Employer identification number

<del></del>		NEW MEX	ICO HUMANITI	ES CO	UNCIL				<u>85</u>	<u>-0225</u>	<u>681</u>	_
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) (see ins	tructions)				_
he orga	nization is not a	a private foundation	because it is: (Please ch	eck only o	ne organiz	ation)						
1 🖳	A church, co	nvention of churche	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)(	<b>A)(iii).</b> (Att	tach Sche	dule H.)			
4	7		operated in conjunction							e hospital	's name,	
	city, and stat				-				•	·		
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	erated by	a governi	mental uni	t describe	d in		
		(b)(1)(A)(iv). (Compl	=	•	•	•	J					
6	7		ent or governmental und	t described	d in sectio	n 170/h)/1	ΙΛΑΝώ					
7 X	7		eives a substantial part					r from the	general p	ublic desc	nhed in	
		(b)(1)(A)(vi). (Comple				go			go	uuuuu		
8	1		section 170(b)(1)(A)(vi).	(Complete	Part II )							
9 =	7		eives. (1) more than 33 1			rom contri	butione m	ambarchi	n foos and	d aross ro	cointe from	_
•			nctions - subject to certa									
		=	axable income (less sect	•		•				•		
		509(a)(2). (Complete		iion 511 ta	w, non bu	311103303 6	icquired b	y trie orga	ii iizatioti ai	iter Julie 3	0, 1373.	
10 🗔	7		perated exclusively to te	et for oubl	io cofoty S	co sestin	- F00/-V/	1) /aaa ina	tm iotiono)			
11	1		perated exclusively to te								f one or	
			ations described in section						•			
			organization and comple				.) Gee sec	Jeoc non-	aj(S). One	SK IIIE DOX	lilat	
	a Type		7 i		e III - Func		earsted		d 🗀	Type III - 0	Othor	
e 🗀	1		at the organization is not	• •		•	•	r more dis				
<u> </u>			han one or more publicly		-	-	-					
f			tten determination from t		_				(a)(1) 01 5	ection 303	(a)(Z).	
•	_	rganization, check to			at it is a Ty	pe i, Type	ii, oi Type	<b>7</b> III			Г	$\neg$
~		•	organization accepted ar	· ·	 ontribution	from any	of the fell			•• ••••		_
g	-		lirectly controls, either al			-		~ .			Yes No	_
			upported organization?	one or tog	, Cu 101 Willi	persons	icscribca i	iii (ii) aisa (	iii) bciow,	11g(i)	163 140	<u>_</u>
	-		n described in (i) above?					•	•	11g(ii)		
	• •		person described in (i) a	•	a?	• •				11g(iii)	<u> </u>	—
h	• •	•	about the organizations	• •		norte	••			119(111)	L	—
	1 TOVIGE LITE I	Ollowing information	about the organizations	i ilie Olgan	iization suj	ports						
/!\ Nom	a of our named	(23 FIN	(iii) Type of	(iv) is the o	organization	(v) Did voi	i notify the	(vi) Is	the			_
	e of supported ganization	(ii) EIN	organization		sted in your	organizat	-	organizáti	on in col.		nount of port	
0.	gamzanom		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	(i) organiz U.S	.?	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
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Fotal												
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain		,			1 - 11			
	or loss from the sale of capital								
	assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10						3954	176	-
12	Gross receipts from related activities,	, etc (see instruction	ons) .			12	131,	992	-
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			Τ
	organization, check this box and stor	here						▶□	<u>]</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage						_
14	Public support percentage for 2008 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	97.2	7	%
15	Public support percentage from 2007	' Schedule A, Part	IV-A, line 26f			15	98.1	5	%
16a	a 33 1/3% support test - 2008. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check th	ns box and		
	stop here. The organization qualifies	as a publicly supp	orted organization	1			!	►X	J
b	33 1/3% support test - 2007. If the	organization did no	ot check a box on	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, che	eck this box		_
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation .			1	▶□	]
17a	10% -facts-and-circumstances tes	t - 2008. If the org	anızation dıd not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is	10% or more,		
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the	organization		_
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supported	d organization			▶□	
b	10% -facts-and-circumstances tes	t - 2007. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line	15 is 10% or		
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	n in Part IV ho	w the		
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	. !	▶□	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instru	ictions	▶□	<u>]</u>
					Sche	edule A (Forn	n 990 or 990-E	Z) 200	<b>)</b> 8

Sche	dule A (Form 990 or 990-EZ) 2008						Page 3
	rt III Support Schedule for C	rganizations	Described in	Section 509(a	)(2) (Complete onl	y if you checked the bo	x on line 9 of Part I.)
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513			}			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				<u> </u>		
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						-
	the organization without charge						
	Total. Add lines 1 - 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		•			•	
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		<u> </u>				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	L					
b	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)			, ,	Ì		
	First five years. If the Form 990 is for	the organization	's first, second, the	rd, fourth, or fifth t	tax vear as a sect	ion 501(c)(3) organi	zation.
	check this box and stop here	J <del></del>	. , ,			· //-/ 3 ······	. ▶□
Sec	tion C. Computation of Publ	ic Support Pe	ercentage	•	•	•	<u>, , , , , , , , , , , , , , , , , , , </u>
	Public support percentage for 2008 (			column (fl)		15	%
16	Public support percentage from 2007					16	%
	ction D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·			
17						17	%
18	Investment income percentage from:	•	•		• • • • •	18	%
	33 1/3% support tests - 2008. If the				e 15 is more than		
.50	more than 33 1/3%, check this box a						▶ □
b	33 1/3% support tests - 2007. If the	•	-		• • •		and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

Inspection

OMB No 1545-0047

f the organization answered	"Yes," to Form 990	, Part IV, line 3, or For	m 990-EZ, Part VI, line	e 46 (Political C	ampaign Activities), then
-----------------------------	--------------------	---------------------------	-------------------------	-------------------	---------------------------

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

#### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

<ul> <li>Section</li> </ul>	501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Name of or	ganization			Emp	oloyer identification number
	NEW MEX	KICO HUMANITIES C	OUNCIL		85-0225681
Part I-A	To be completed b	by all organizations exem	pt under section	501(c) and section 5	27 organizations.
	See the instructions for	Schedule C for details.			
1 Provid	le a description of the organi	ization's direct and indirect politic	al campaign activities	in Part IV.	
	al expenditures			. •	\$ <u>2,000.</u>
3 Volunt	eer hours				
Part I-B	To be completed to	y all organizations exem	nt under section	501(0)(3)	
<u> </u>	See the instructions for		pt under section	30 1(c)(o).	
1 Enter		x incurred by the organization und	ler section 4955	<b>&gt;</b> :	\$
		x incurred by organization manage			\$
3 If the	organization incurred a secti	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a	correction made?				. Yes No
	s," describe in Part IV.			-	
Part I-C	To be completed b	by all organizations exem	pt under section	501(c), except section	on 501(c)(3).
	See the instructions for				
		ed by the filing organization for sec	-		\$
		inization's funds contributed to other	her organizations for s		
•	ot function activities		4 10 1 1 1	<b>▶</b>	\$
	1100 DOL 100 17h	t function expenditures. Add lines			Φ.
	•	n 1120-POL for this year?			Yes No
		employer identification number (El	 N) of all section 527 n	 olitical organizations to wh	— —
		e if the amount was paid from the			· · ·
		a separate political organization,			
lf add	tional space is needed, prov	vide information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
	<del></del>				
				-	
					-

Schedule C (Form 990 or 990-EZ) 2008	NEW MEXICO	HUMANITIES	COUNCIL	85-0	0225681 Page 2
Part II-A To be completed by				filed Form 576	8
(election under sec	tion 501(h)). See t	he instructions for Sci	hedule C for details.	<u> </u>	
	tion belongs to an affi	* ·			
B Check Lifthe filing organiza	tion checked box A ar	nd "limited control" pr	ovisions apply		T
	ts on Lobbying Expe ditures" means amou		)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	•	•			
f Lobbying nontaxable amount. Enter		e following table in bo	th columns		<u> </u>
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e	).		
Over \$500,000 but not over \$1,000		00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,		0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
h Subtract line 1g from line 1a. Enter i Subtract line 1f from line 1c. Enter j If there is an amount other than ze reporting section 4911 tax for this	-O- if line f is more that ro on either line 1h or year? 4-Year Ave	n line c line 1i, did the organiz eraging Period Under	·	ete all of the five	Yes No
			a through 2f of the inst		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	( <b>ь)</b> 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
<ul> <li>b Lobbying ceiling amount</li> </ul>					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount	<u> </u>		<del>                                     </del>	<del></del>	<del>                                     </del>
(150% of line 2d, column (e))					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 NEW MEXICO HUMANITIES COUNCIL 85-0225681 P

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(8	1)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		X	
е	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	•	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X _	
i	Other activities? If "Yes," describe in Part IV	X		2,000.
j	Total lines 1c through 1i			2,000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912		-	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	t III-A To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5	, or section
	501(c)(6). See the instructions for Schedule C for details.			•
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	
Par	t III-B To be completed by all organizations exempt under section 501(c)(4)	section	501(c)(5	), or section
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Part II	l-A, que	stion 3 is
	answered "Yes." See Schedule C instructions for details.			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	ical		
	expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
b	Carryover from last year		2b	
С		•	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical	ŀ	
	expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	•	5	
	t IV Supplemental Information			·
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, ar	nd Part II-B.	line 1ı. Als	o, complete this part
	ny additional information	·-·		-,
	RT I-A, LINE 1:			
POI	RTION OF DUES TO FEDERATION OF STATE HUMANITIES COU	NCILS	DESIG	NATED
BY	THE FEDERATION FOR LOBBYING ACTIVITIES			
		-		·
PAI	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:			
DII	ES PAID TO THE FEDERATION OF STATE HUMANITIES COUNC	ILS F	OR THE	2
				990 or 990-E7) 2008

Schedule C (Form 990 or 990-EZ) 2008 NEW MEXICO HUMANITIES COUNCIL  Part IV   Supplemental Information (continued)	85-0225681 Page 4
Fart 14 Supplemental information (continuea)	
PURPOSE OF ASSISTING LOBBYING EFFORTS IN THE U.S. CONGRESS	<u> </u>
	<u> </u>
	·
	<del></del>
	·

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Open to Public

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection Employer identification number

	NEW MEXICO HUMANITIES COUNCIL	<u>85-0225681</u>
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4		
-	Aggregate value at end of year	-4.
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	
_	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used	· — —
D-	for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private	
Par		/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	ally important land area
	Protection of natural habitat	stonc structure
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conserva	tion easement on the last day
	of the tax year.	
		Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	<del></del>
	year▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and	
	enforcement of the conservation easements it holds?	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$	<del></del>
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	— —
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	
	conservation easements.	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	e sheet works of art_historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	•
	the footnote to its financial statements that describes these items.	or roo, provide, in real xit, the text of
h	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sh	seat works of art, bistorical transition
	or other similar assets held for public exhibition, education, or research in furtherance of public service, pro	
	these items:	vide the following amounts relating to
		•
	(i) Revenues included in Form 990, Part VIII, line 1	<b>~</b>
_	(ii) Assets included in Form 990, Part X	<b>&gt; -</b>
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair	ı, provide
	the following amounts required to be reported under SFAS 116 relating to these items:	<b>.</b> .
		\$
b	Assets included in Form 990, Part X	<b>\$</b>

		<u>ICO HUMANI'</u>						<u>022568</u>		
Par	t III Organizations Maintaining C	collections of Ar	<u>t, Histo</u>	rical Tre	easures, c	or Othe	r Similar As	sets (cont	inued)	
3	Using the organization's accession and othe	r records, check any	of the foll	lowing that	t are a signifi	icant use	of its collection	n items (ched	k all	
	that apply)									
а	Public exhibition	d	Lo	an or excl	nange progra	ams				
b	Scholarly research	е		her						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's co	llection? .			Yes		No
Par	t IV Trust, Escrow and Custodial	Arrangements	<ul> <li>Complet</li> </ul>	e if organi	zation answe	ered "Yes	" to Form 990.	Part IV, line	9. or	
	reported an amount on Form 990, Pa		-	-						
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for co	ontribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		_					Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing ta	ble:						
	,	·	J					Amoun	 t	
С	Beginning balance						1c			
d	Additions during the year		•				1d	_		
е	Distributions during the year		•				1e	•		
f	Ending balance				• •• •	•	1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21?	•			·	Yes	T	No
	If "Yes," explain the arrangement in Part XIV						•			,
Par			red "Yes"	to Form 9	90. Part IV.	line 10.				—
		(a) Current year		or year	(c) Two year		(d) Three years b	ack (e) Four	vears	hack
1a	Beginning of year balance	368,610.	(2)	J. J. G. G.	(O) THE YEAR	o oden	(a) Times years B	uok (c) i ou	youro	Duoix
b	Contributions	000,0200								
c	Investment earnings or losses	61,429.								
q	Grants or scholarships	01/115								
	Other expenditures for facilities									
·	and programs					1				
	Administrative expenses	2,884.				-		-		
g	End of year balance	427,155.				- +				
2	Provide the estimated percentage of the year									
	Board designated or quasi-endowment		.s %							
	Permanent endowment									
C										
	Are there endowment funds not in the posse	• -	ation that	are held a	nd administs	ared for th	no organization			
Ja	by.	sssion of the organiza	ation that	ale lielu a	na aaniinist	31 <b>6</b> 0 101 ti	le Organization		Yes	No
	(i) unrelated organizations							3a(i)	165	X
	(ii) related organizations	•	•		• •••	••				X
ь	If "Yes" to 3a(ii), are the related organization	e listed as required o	 In Schedu	 Ile R2	•			3a(ii) 3b		41
4	Describe in Part XIV the intended uses of the				••••			30		
	t VI Investments - Land, Building				Part X. line	10.		_		
	Description of investment	(a) Cost or o			or other		epreciation	(d) Boo	k valu	
	2000. plich of invocation	basis (investr			(other)	(0)	oprociation	(4) 500	K Valu	5
12	Land	, , , , , , , , , , , , , , , , , , , ,	<del></del>		· · · ·					—
	Buildings				-		•			
	Leasehold improvements		+		2,207.		841.		1,3	66
	Equipment		$\overline{}$		6,728.		51,109.			$\frac{30.}{19.}$
	Other	-			6,027.		1,665.		$\frac{3,0}{4,3}$	
	I. Add lines 1a 1e (Column (d) should equal F	orm 990 Part X coli	ımn (R) lıı	ne 10(c) )	-,,	L	<u> </u>		$\frac{1}{1}, 3$	
. <u> </u>	a recommo re re recommingo onomo equal r	on out of the contract of the	, , , , , , , , , , , , , , , , , ,					<u> </u>	<u> </u>	<u> </u>

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 NEW MEXICO	HUMANITIES COU	JNCIL	<u>85-0225681</u>	. Page <b>3</b>
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.			
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value		Method of valuation: rend-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
		<del></del>		
			<u> </u>	
	<del>  </del>	<del></del>	<del></del>	
<del></del>				
		<del></del>		-
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶			<del></del>	
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13			
(a) Description of investment type	(b) Book value		Method of valuation:	
		Cost of	r end-of-year market value	
		. <u></u>		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description		(b) Book	value ————
· · · · · · · · · · · · · · · · · · ·				
<del> </del>		<del></del>		
<del></del>				
				_
Total. (Column (b) should equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X,			<u></u>	
Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability	line 25.	(b) Amount		
		(b) runount		
Federal income taxes		27.762		
COMPENSATED ABSENCES		37,762.		
Total (Column (h) should agent Form 000, Dark V and (D)	(PO 25)	37 762		
Total. (Column (b) should equal Form 990, Part X, col (B) In		37,762.	rotion's lightly for	
In Part XIV, provide the text of the footnote to the organization	auon s iinanciai statements	mai reports the organiz	zauon s liabilīty for uncertain tax	positions

Sche	dule D (Form 990) 2008 NEW MEXICO HUMANITIES COUN			85-0225681	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	o Financia	I Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	909,	<u>594.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		. 2	938,	774.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	<29,	180.
4	Net unrealized gains (losses) on investments		4	75,	<u>565.</u>
5	Donated services and use of facilities		. 5		
6	Investment expenses		6		
7	Pnor period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4-8		9	75,	565.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	46,	385.
Par	t XII   Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R		
1	Total revenue, gains, and other support per audited financial statements			1 1,104,	<u>900.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	75,565.		
b	Donated services and use of facilities	2b	122,391.		
C	Recoveres of prior year grants	2c		]	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			_2e 197,	<u>956.</u>
3	Subtract line 2e from line 1			3 906,	944.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIV)	4b	2,650.		
С	Add lines 4a and 4b			4c 2,	650.
_5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5 909,	594.
Pai	t XIII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per	Return	
1	Total expenses and losses per audited financial statements		_	1 1,058,	515.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•		
а	Donated services and use of facilities	2a	122,391.		
b	Prior year adjustments	2b		1	
С	Losses reported on Form 990, Part IX, line 25	2c		1	
d	Other (Describe in Part XIV)	2d		1	
е	Add lines 2a through 2d			2e 122,	391.
3	Subtract line 2e from line 1	•	•		124.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b	2,650.	]	
	Add lines 4a and 4b				650.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)				774.
	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III. lines 1a ai	nd 4: Part IV. lines 1	b and 2b; Part V, line	4: Part
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		,		.,
	T V, LINE 4: ENCOURAGE PUBLIC UNDERSTAND	ING. AP	PRECIATION	I. AND	
API	PLICATION OF THE HUMANITIES BY PROVIDING A	ADDITIO	NAL FINANC	ING FOR	
SPI	CIFIC PROJECTS AND ACTIVITIES AND TO ENHA	ANCE TH	E FINANCIA	L STABILITY	OF
THI	ORGANIZATION.				
-					
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
MTS	SCELLANEOUS AMOUNTS CODED AS EXPENSE REDUC	CTIONS	FOR FINANC	CIAL	
	THE COLUMN TO THE PART OF THE				<del></del>
ST	ATEMENTS: 2650.				
				Schedule D (Form 9	90) 2008
					, ====

832054 12-23-08

Schedule D (Form 990) 2008 NEW MEXICO HUMANITIES COUNCIL	<u>85-0225681</u>	Page 5
Part XIV Supplemental Information (continued)  NEW MEXICO HUMANITIES COUNCIL		
PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
MICCELL ANEOLIC DESCRIPTE ANOTHER CODED AC EXPENSE DEDICATIONS	EOD	
MISCELLANEOUS REVENUE AMOUNTS CODED AS EXPENSE REDUCTIONS	FOR	
F/S: 2650.		
170. 2030.		·_
	<del></del>	

SCHEDULE I							OMB No 1545-0047
(Form 990)		Grants and Governn	arants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.			2008
Department of the Treasury Internal Revenue Service	▲ Com	► Complete if the organization	n answered "Yes," on F ▶ Attach to Form 990.	" on Form 990, Pe n 990.	rganization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection
Name of the organization	NEW MEXICO HIMANITES	TIES COUNCIL					Employer identification number 85-0225681
Part   General Information on Grants and Assistance	Grants and Assistance						
1 Does the organization maintain records to substantiate the amount of	records to substantiate the	ne amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	ts or assistance?					•	X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ation's procedures for mon	itoring the use of grant	funds in the United	States.			
Part II Grants and Other Assis	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	nd Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received m	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	is box if no one recipien	t received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if additions	al space is needed
1 (a) Name and address of organization or government	nzation (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROUTE 66 DE ANZA ASSOCIATION							
121 TIJERAS NE							ENCOURAGE AND SUPPORT THE
ALBUQUEROUE NM 87102	57-1233599	501C3	6,000.	0			HUMANITIES IN NEW MEXICO
מוזאממוזאנות נג מת ממעמת מאד					-		
LOS REIES DE ALBOQUERQUE FOUNDATION - 1205 LESTER DR NE	NE -			_			ENCOURAGE AND SUPPORT THE
	85-0391494	50103	10,000,	0			HUMANITIES IN NEW MEXICO
FRIENDS OF CITY OF LAS VEGAS							
MUSEUM AND ROUGH RIDER MEMORIAL	NAL						
COLLECTION - P O BOX 331 - LAS							
VEGAS NM 87701	74-2844900	50103	7,000.	0			HUMANITIES IN NEW MEXICO
UNM HEALTH SERVICES LIBRARY AND INFORMATION CENTER - MSC09 5100	AND 5100 1						
							ENCOURAGE AND SUPPORT THE
87131	85-6000642	403B	5,870.	0			HUMANITIES IN NEW MEXICO
EL RANCHO DE LAS GONONDRINAS							
334 LOS PINOS ROAD	_						ENCOURAGE AND SUPPORT THE
SANTA FE, NM 87507	20-3845643	50103	8 000	0			HUMANITIES IN NEW MEXICO
PUEBLO DE ABIQUIU LIBRARY AND	<b>.</b>						
CULTURAL CENTER - P O BOX 838	- 82	-					ENCOURAGE AND SUPPORT THE
ABIOUIU, NM 87510	45-0541478	501C3	6,408,	0			HUMANITIES IN NEW MEXICO
2 Enter total number of section 501(c)(3) and government organizations	01(c)(3) and government o	rganizations				٠	<b>▼</b> 11.
3 Enter total number of other organizations	anizations						3.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ork Reduction Act Notice	, see the Instructions f	or Form 990.				Schedule I (Form 990) 2008

chedule 1 (Form 990) 2008 NEW MEXICO HUMANITIES COUNCIL 85-0225681	Bost III   Octable and Other Assistance to Individuals in the Individuals in the Orange of the Orange of World of Dort IV line 20
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Page 2

Schedule | (Form 990) 2008 NEW MEXICO RUMANALLA CONTROLLA CONTROLL

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: GRANT	r APPLICANTS	ARE	REQUIRED TO	COMPLETE AN	
APPLICATION AND SUBMIT VARIOUS INFORMATION,	ORMATION	, INCLUDING A	G A BUDGET FOR	FOR THE	
PROPOSED PROGRAM. STAFF REVIEWS APPLICATIONS AND MAKES RECOMMENDATIONS TO	PLICATIO	NS AND MAK	ES RECOMME	NDATIONS TO	
THE BOARD'S GRANT COMMITTEE BASED UPON		LICANTS ME	APPLICANTS MEETING ESTABLISHED	BLISHED	
CRITERIA. THE BOARD'S GRANT COMMITTEE	TEE APPROVES		ALL GRANTS PRIOR TO	TO FUNDING,	
AND THE BOARD RATIFIES THE GRANT COMMITTEE'S	COMMITTEE	ı	AWARDS. GRANTEES	ARE REQUIRED	
TO SUBMIT FINAL REPORTS, INCLUDING	S EVALUAT	IONS OF TH	INCLUDING EVALUATIONS OF THE PROGRAM AND	AND FINAL	
ACCOUTING FOR FUNDS EXPENDED, AND	10% OF T	THE GRANT A	AWARD IS WI	IS WITHHELD UNTIL	
THE FINAL REPORT IS RECEIVED.					
832102 12-18-08					Schedule I (Form 990) 2008

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

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Inspection

Name of the organization  NEW MEXICO HIMANITIES	O HUMANIT	TES COUNCIL				Employe 8	Employer identification number 85-0225681
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the U.	S. (Schedule I (For	rm 990), Part II.)		
	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER GILA WATERSHED ALLIANCE P O BOX 383 GILA, NM 88038	85-0441412	501C3	6,614	0			ENCOURAGE AND SUPPORT THE HUMANITIES IN NEW MEXICO
SANTA FE COUNCIL ON INTERNATIONAL RELATIONS - 1210 LUISA STREET, STE 6 - SANTA FE, NM 87505	85-0196904	501C3	10,107,	0			ENCOURAGE AND SUPPORT THE HUMANITIES IN NEW MEXICO
LAMA FOUNDATION LIBRARY OF ORAL HISTORY & MEMORY - P O BOX 532 - CRESTONE, CO 81131			6,460,	0			ENCOURAGE AND SUPPORT THE HUMANITIES IN NEW MEXICO
	23-7159949	50103	10,000,	0			ENCOURAGE AND SUPPORT THE HUMANITIES IN NEW MEXICO
្រឹក្តី !	85-6000642	403B	6,292,	0			ENCOURAGE AND SUPPORT THE HUMANITIES IN NEW MEXICO
INTERNATIONAL SPACE HALL OF FAME P O BOX 5430 ALAMAGORDO, NM 88311	85-0246343	50103	5,439	0			ENCOURAGE AND SUPPORT THE HUMANITIES IN NEW MEXICO
CENTER FOR INTERNATIONAL STUDIES P O BOX 92995 ALBUQUERQUE, NM 87199	56-2362864	50103	13,400,	0			ENCOURAGE AND SUPPORT THE HUMANITIES IN NEW MEXICO
516 ARTS 516 CENTRAL AVENUE SW ALBUQUERQUE, NM 87102 20-8540744 501C3	20-8540744	501C3	8,500.	0			ENCOURAGE AND SUPPORT THE HUMANITIES IN NEW MEXICO

Enter total number of Section 501(c)(3) and government organizations

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Employer identification number NEW MEXICO HUMANITIES COUNCIL 85-0225681 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMS FOR PRESENTATION TO DIVERSE PUBLIC AUDIENCES THROUGHOUT NEW MEXICO. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WHICH HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD, WHICH IS THE GOVERNING BODY. Howere, the Executive cornnittee mayact on behalf of the Board for ernergences Refueer Board meetings I then presented to the full board necting LINE 10: A COPY OF THE COMPLETED FORM 990 FORM 990, PART VI, SECTION A. WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR AND FURNISHED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST DISCLOURES STATEMENTS ARE COMPLETED BY BOARD MEMBERS AND EMPLOYEES ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR

BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR

ANNUALLY RECOMMENDS THE COMPENSATION OF THE EXECUTIVE DIRECTOR, WHICH IS

APPROVED BY THE BOARD OF DIRECTORS. THE SALARY RECOMMENDATION IS DETERMINED

IN PART BASED UPON DATA MAINTAINED BY THE FEDERATION OF STATE HUMANITIES

COUNCILS RELATED TO THE COMPENSATION OF EXECUTIVE DIRECTORS OF STATE

ORGANIZATIONS.

PART XI, LINE 2C:

FORM 990, PART VI, SECTION C, LINE 19: ON REQUEST.

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

**Employer identification number** 

NEW MEXICO HUMANITIES COUNCIL 85-0225681 THE BOARD CHAIR APPOINTS AN AUDIT COMMITTEE WHO ASSUMES THESE RESPONSBILITIES