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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning , and ending**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**Conservation Voters New Mexico**

Number and street (or P.O. box, if mail is not delivered to street address)

320 Aztec Street

Room/suite

B

City or town, state or country, and ZIP + 4

Santa Fe**NM 87501****D** Employer identification number**20-0016255****E** Telephone number**505-992-8683****F** Group ExemptionNumber ▶ **8290**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website. ▶ **www.cvnm.org****J** Tax-exempt status (check only one) — ☒ 501(c) (**4**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **203,096****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	130,194
	2	Program service revenue including government fees and contracts	2	48,500
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	21,106
b	Less direct expenses other than fundraising expenses	6b	13,855	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,251	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See Statement 1)	8	3,296	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	189,241	
Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 2	10	1,101
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	144,761
	13	Professional fees and other payments to independent contractors	13	21,348
	14	Occupancy, rent, utilities, and maintenance	14	14,214
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 3)	16	45,270
	17	Total expenses. Add lines 10 through 16	17	226,694
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-37,453
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	43,910
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	6,457

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	35,503	6,180
23 Land and buildings		
24 Other assets (describe ▶ See Statement 4)	28,144	13,465
25 Total assets	63,647	19,645
26 Total liabilities (describe ▶ See Statement 5)	19,737	13,188
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,910	6,457

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Form 990-EZ (2009)

Conservation Voters New Mexico

20-0016255

Page 2

Part III Statement of Program Service Accomplishments (See the instructions for Part III)**Expenses**

What is the organization's primary exempt purpose?

See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Statement 7

(Grants \$) If this amount includes foreign grants, check here

28a

115,504

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

115,504

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Chris Catechis	Santa Fe	President			
320 Aztec St, Ste B	NM 87501	5.00	0	0	0
Kevin Dixon	Santa Fe	Secretary			
320 Aztec St, Ste B	NM 87501	5.00	0	0	0
John H Hooker	Santa Fe	Treasurer			
320 Aztec St, Ste B	NM 87501	5.00	0	0	0
Todd Lopez	Santa Fe	Director			
320 Aztec St, Ste B	NM 87501	2.00	0	0	0
Marla Painter	Santa Fe	Director			
320 Aztec St, Ste B	NM 87501	2.00	0	0	0
Seth Cohen	Santa Fe	Director			
320 Aztec St, Ste B	NM 87501	2.00	0	0	0
Jennifer Briedscheid	Santa Fe	Director			
320 Aztec St, Ste B	NM 87501	2.00	0	0	0
Charlotte Little	Santa Fe	Director			
320 Aztec St, Ste B	NM 87501	2.00	0	0	0
John Wertheim	Santa Fe	Director			
320 Aztec St, Ste B	NM 87501	2.00	0	0	0
Sandra A. Buffett--Gross amounts	Santa Fe	Exec Dir			
320 Aztec St, Ste B	NM 87501	40.00	67,365	4,584	0
Sandra A Buffett--Pymts from CVNMEF		Exec Dir			
			-39,417	-2,751	0
Thomas Lawley--Gross amounts	Santa Fe	Bus Admin			
320 Aztec St, Ste B	NM 87501	32.00	39,925	0	0
Thomas Lawley--Pymts from CVNMEF		Bus Admin			
			-22,330	0	0

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr 44,630		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed NM		
42a	The organization's books are in care of Sandra A. Buffett Telephone no 505-992-8683 320 Aztec Street, Ste B Located at Santa Fe, NM ZIP + 4 87501		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here [] and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

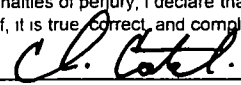
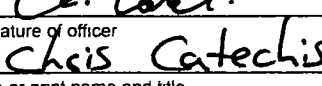
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		8/5/10 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	 Date	Check if self-employed ☐	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address and ZIP + 4	Taylor Roth and Company 800 Grant St Ste 310 Denver, CO 80203-2944		EIN ▶ Phone no ▶ 303-830-8109
	May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No			

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Legislative Event</u> (event type)	(b) Event #2 <u>Albq Event</u> (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	9,960	9,465		19,425
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	9,960	9,465		19,425
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,131	651		13,782
	10 Direct expense summary Add lines 4 through 9 in column (d)				13,782
	11 Net income summary Combine line 3, column (d) and line 10				5,643

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► **Sandra A. Buffett**
320 Aztec Street, Ste B
 Address ► **Santa Fe**

NM 87501

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
 amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990

OMB No 1545-0047

2009Open to Public
Inspection**Conservation Voters New Mexico**

Employer identification number

20-0016255

Conservation Voters New Mexico is related to Conservation Voters New Mexico Education Fund, EIN 91-1982332, a 501(c)(3) organization. The two organizations have a financial interest but are not controlled by a common board of directors.

CVNM-EF has reimbursed CVNM for certain costs in accordance with a cost-sharing arrangement.

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
Administrative fee CVNM-EF	\$ 2,400
Miscellaneous revenue	896
Total	<u>\$ 3,296</u>

CVNM Conservation Voters New Mexico
20-0016255
FYE 12/31/2009

Federal Statements

8/2/2010 2:13 PM

Statement 2 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

<u>Name and Address</u>	<u>Purpose</u>	<u>Amount of Payment</u>
Fed of State Conserv Voter Leagues P O Box 2564 Seattle, WA 98111	Membership dues	1,101
Total		<u>1,101</u>

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Advertising and promotion	23,052
Office expenses	5,948
Information technology	5,465
Travel	2,545
Conferences/meetings	2,421
Insurance	1,428
Miscellaneous expenses	3,301
Staff development	1,110
Total	\$ 45,270

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Expenses and Deferred Charges	\$ 4,296	\$ 2,120
Furniture, fixtures & equipment	9,822	9,822
Less Accumulated Depreciation	6,934	8,857
Receivable - CVNM Education Fund	20,956	10,380
Receivable - CVNM Action Fund	4	
	<u>28,144</u>	<u>13,465</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 19,737	\$ 12,913
Payable - CVNM Education Fund		275
	<u>19,737</u>	<u>13,188</u>

Federal Statements**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

To hold elected officials accountable for their environmental votes and to educate voters on conservation issues.

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

Hold elected officials accountable for their environmental record by educating the public and voters through the publication and distribution of an annual conservation scorecard. Educate legislators and voters on critical conservation issues. Lobby on behalf of pro-conservation legislation. Endorse and elect pro-conservation candidates to public office.

Form **8868**
(Rev. April 2009)Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	Conservation Voters New Mexico	20-0016255
	Number, street, and room or suite no. If a P.O. box, see instructions	
	320 Aztec Street, Suite B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Santa Fe NM 87501	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ▶
- Conservation Voters New Mexico**

Telephone No ▶ **505-992-8683**FAX No ▶ **505-986-0339**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **8290**. If this is for the whole group, check this box ☒ **X**. If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ **X** calendar year **2009** or
- ▶ ☐ tax year beginning , and ending

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form **8868** (Rev. 4-2009)