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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**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td>C Name of organization THE HEART GALLERY OF NEW MEXICO FOUNDATION</td> <td>D Employer identification number 20-4468893</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite 13170-B CENTRAL AVE SE #190</td> <td>E Telephone number</td> </tr> <tr> <td>City, town, or country ALBUQUERQUE</td> <td>F Group Exemption Number . . . ►</td> </tr> <tr> <td>State NM</td> <td></td> </tr> <tr> <td>ZIP + 4 87123</td> <td></td> </tr> </table>	C Name of organization THE HEART GALLERY OF NEW MEXICO FOUNDATION	D Employer identification number 20-4468893	Number and street (or P O box, if mail is not delivered to street address) Room/suite 13170-B CENTRAL AVE SE #190	E Telephone number	City, town, or country ALBUQUERQUE	F Group Exemption Number . . . ►	State NM		ZIP + 4 87123	
C Name of organization THE HEART GALLERY OF NEW MEXICO FOUNDATION	D Employer identification number 20-4468893										
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State NM											
ZIP + 4 87123											

• **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.HEARTGALLERYNM.ORG**J** Tax-exempt status (check only one)— ☒ 501(c) (3) ◀ (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. ► \$ 228,480

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	228,087
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	393
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
6b	Less: direct expenses other than fundraising expenses	6b	0	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ►)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	228,480	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	33,333
	13	Professional fees and other payments to independent contractors	13	23,711
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	23,172
	16	Other expenses (describe ► See Attached Statement)	16	106,760
	17	Total expenses. Add lines 10 through 16	17	186,976
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	41,504
	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	41,413
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	82,917

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	42,895	22 83,206
23 Land and buildings		23
24 Other assets (describe ►)	0	24 0
25 Total assets	42,895	25 83,206
26 Total liabilities (describe ► PAYROLL LIABILITIES)	1,482	26 289
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,413	27 82,917

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

Form **990-EZ** (2009)

(HTA)

99 19

SCANNED JUL 07 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT

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, and other relevant information for each program title

Expenses

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

28	FOSTER CHILD SUPPORT: SEE ATTACHED STATEMENT		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	16,195
29	HEART GALLERY EXHIBITIONS: SEE ATTACHED STATEMENT		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	34,962
30	HEART GALLERY EVENTS: SEE ATTACHED STATEMENT		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	19,599
31	Other program services (attach schedule)		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	18,997
32	Total program service expenses. (add lines 28a through 31a)	32	89,753

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
LELAND GOULD	Title PRES			
1508 LUCYLE PL NW ALBUQUERQUE NM 87114	Hr/WK .50	0	0	0
MICHELLE COONS	Title SEC/TR			
500 MARQUETTE NW 14TH FL ALBUQUERQUE NM	Hr/WK .50	0	0	0
MARJORI KREBS	Title DIR			
7022 STARSHINE ST NE ALBUQUERQUE NM 87111	Hr/WK .50	0	0	0
PAUL KREBS	Title DIR			
7022 STARSHINE ST NE ALBUQUERQUE NM 87111	Hr/WK .50	0	0	0
LAURA BRUNSON	Title DIR			
415 E ARRIBA HOBBS NM 88240	Hr/WK 50	0	0	0
BERNARD LOGUE Y PEREA	Title DIR			
989 PASEO DEL SUR SANTA FE NM 87501	Hr/WK .50	0	0	0
CATHY MCCORKLE	Title DIR			
#14 CABALLO DE FUERZA SE ALBUQUERQUE NM	Hr/WK .50	0	0	0
SANDY CUNNINGHAM	Title DIR			
9 VILLAGE LANE SANTA FE NM 87505	Hr/WK .50	0	0	0
SHERMAN MCCORKLE	Title DIR			
1155 UNIVERSITY BLVD SE ALBUQUERQUE NM 87	Hr/WK .50	0	0	0
CANDACE GOULD	Title DIR			
1508 LUCYLE PL NW ALBUQUERQUE NM 87114	Hr/WK .50	0	0	0
ANNALIESE MCDONALD	Title DIR			
20 CLEMATIS CIRCLE SANTA FE NM 87506	Hr/WK .50	0	0	0
GEROGE MUNOZ	Title DIR			
PO BOX 2679 GALLUP NM 87304	Hr/WK .50	0	0	0
SHARMYN MUNOZ	Title DIR			
PO BOX 2679 GALLUP NM 87305	Hr/WK 50	0	0	0
GERALD PETERS	Title DIR			
1011 PASEO DE PERALTA SANTA FE NM 87501	Hr/WK 50	0	0	0
DAREN WESTALL	Title DIR			
1305 DOEPP DRIVE CARLSBAD NM 88220	Hr/WK 50	0	0	0
CATHY MAIER CALLANAN	Title DIR			
127 LUGAR DE ORO ST SANTA FE NM 87501	Hr/WK .50	0	0	0
DIANE GRANITO	Title DIR			
PO DRAWER 5160 SANTA FE NM 87502	Hr/WK .50	0	0	0
FIRST LADY BARBARA RCHARDSON(HON)	Title DIR			
STATE CAPITAL SUITE 400 SANTA FE NM 87501	Hr/WK .50	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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," attach 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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		
38 a	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. 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	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. ▶		
42 a	The organization's books are in care of ▶ KATHLEEN HAYDEN Telephone no. ▶ (505) 293-1377 Located at ▶ 516 PINON CREEK RD SE City ALBUQUERQUE ST NM ZIP + 4 ▶ 87123-3941		
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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
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.

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

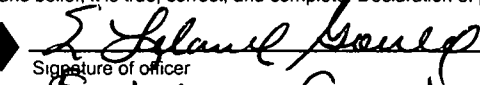
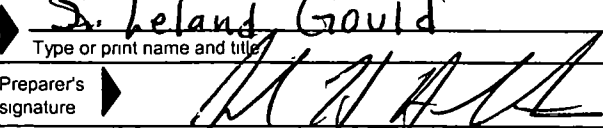
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0

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
Name <u>None</u> Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		

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		Date <u>5-14-2010</u>	
Paid Preparer's Use Only	 Type or print name and title		Date <u>5/13/2010</u>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>JOHN ALTMAN ASSOC</u> <u>PO BOX 384, CORRALES, NM 87048</u>		Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) EIN <u> </u> Phone no <u>(505)890-1651</u>
	May the IRS discuss this return with the preparer shown above? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No			

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

THE HEART GALLERY OF NEW MEXICO FOUNDATION

Employer identification number

20-4468893

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		63,885	167,805	103,082	228,087	562,859
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	63,885	167,805	103,082	228,087	562,859
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						562,859

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	63,885	167,805	103,082	228,087	562,859
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,251	810	393	2,454
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						565,313
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% 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 . . . ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

Part I, Line 16 (990-EZ) - Other Expenses

106,760

1	Travel	1	
2	Meals and entertainment	2	1,839
3	Fundraising	3	39,771
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	ADVERTISING & PROMOTION	13	11,483
14	BANK CHARGES	14	30
15	EVENTS/EXHIBITIONS	15	23,249
16	FOSTER CHILD SUPPORT	16	16,195
17	MEETING EXPENSE	17	44
18	OFFICE EXPENSE	18	452
19	PROFESSIONAL DEVELOPMENT	19	270
20	STORAGE	20	1,974
21	SUPPLIES	21	4,023
22	PAYROLL TAX EXPENSE	22	3,016
23	WEBSITE	23	1,991
24	COMPUTER EXPENSE	24	975
25	DUES & FEES	25	1,404
26	MISCELLANEOUS	26	44
27		27	
28		28	

Part II, Line 26 (990-EZ) - Liabilities

1,482 289

Description		Beginning	End
1	PAYROLL LIABILITIES	1,482	289
2			
3			
4			
5			
6			
7			
8			
9			
10			

FORM 990-EZ, PART III

ORGANIZATION'S PRIMART EXEMPT PURPOSE

TO BRING AWARENESS TO NEW MEXICO'S FOSTER CHILDREN AND THEIR POTENTIAL FOR ADOPTION AS A POSITIVE ALTERNATIVE FOR FAMILIES; TO SERVE CHILDREN IN PROTECTIVE CUSTODY OF THE STATE OF NEW MEXICO, ESPECIALLY THOSE IN THE HEART GALLERY EXHIBITIONS, BY PROVIDING BENEFITS AND EXPERIENCE OFTEN DEPRIVED TO THESE CHILDREN BECAUSE OF THEIR LIFE CIRCUMSTANCES.

FORM 990-EZ, PART III, LINE 28

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FOSTER CHILD SUPPORT: PROMOTE A SAFE AND PRODUCTIVE TRANSITION TO INDEPENDENT LIVING FOR YOUTH WHO, STILL WITH NO FAMILY, 'AGE OUT' FO THE SYSTEM AT 18-21 BY HELPING THEM ACCESS EDUCATION, EMPLOYMENT, AND LIFE-SKILLS COUNSELING TO ENSURE A SUSTAINABLE FUTURE. IN ADDITON TO INSURE THAT TEEN, PRE-TEENS, SIBLING GROUPS, AND MILDLY DISABLED FOSTER CHILDREN RECEIVE OPPORTUNITIES AND SERVICES FOR PERSONAL GROWTH AND IMPROVED MENTAL AND PHYSICAL HEALTH. BENEFITS COULD RANGE FROM BRACES TO FIELD TRIPS, CAPS TO CULTURAL INVOLVEMENT.

FORM 990-EZ, PART III, LINE 29

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HEART GALLERY EXHIBITIONS: ASSURE AN INCREASE IN 'HARD-TO-PLACE' ADOPTIONS BY ASSISTING CHILDREN YOUTH AND FAMILIES DEPARTMENT HEART GALLERY PROGRAM. THESE EXHIBITIONS OF FOSTER-CHILD PORTRAITS ARE TAKEN BY NEW MEXICAN PHOTOGRAPHERS AS A CREATIVE WAY TO ENCOURAGE ADOPTION AND TOUR THE STATE ANNUALLY

FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EVENTS: FOUR SOCIAL EVENTS ARE CONDUCTED ANNUALLY WITH THE GOALS OF
1) 'MATCHING FOSTER CHILDREN RELEASED FOR ADOPTION AND CYFD-
APPROVED ADOPTIVE PARENTS WITH THE HOPE OF FINDING THAT SPECIAL
ATTACHMENT 2) OFFIERING A UNIQUE SOCIAL OPPORTUNITY FOR FOSTER
CHILDREN 3) THANKING CURRENT FOSTER PARENTS, AND 4) PROVIDING SIBLINGS
WHO ARE LIVING APART AN OPPORTUNITY TO SPEND A DAY TOGETHER.

FORM 990-EZ, PART III, LINE 31

GENERAL PROGRAMS & PUBLIC EDUCATION: ADVANCE PUBLIC AWARENESS TO
ENCOURAGE ADOPTION/FOSTER PARENTING. CONVEY THE REALITY OF LIFE AS A
FOSTER CHILD, AND TO DISSOLVE THE MYTHS AND FEARS OF ADOPTION BY
USING POSITIVE ROLE-MODELS OF SUCCESS AND THE REALITY OF LIFE CHANGING
OPPORTUNITIES.

Part III, Line 31 (990-EZ) - Other Program Services

		Program Service Expenses
PUBLIC EDUCATION- SEE ATTACHED STATEMENT		
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		18,997
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
Total	0	18,997

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

[illegible]