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# Short Form Return of Organization Exempt From Income Tax

## 2010

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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*

<b>A</b>	For the 2010 calendar year, or tax year beginning _____, and ending _____		
<input type="checkbox"/>	<b>B</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	<b>C</b> Name of organization <b>THE HEART GALLERY OF NEW MEXICO FOUNDATION</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>13170-B CENTRAL AVE SE #190</b> City or town state or country ZIP + 4 <b>ALBUQUERQUE NM 87123</b>	<b>D</b> Employer identification number <b>20-4468893</b> <b>E</b> Telephone number  <b>F</b> Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ WWW.HEARTGALLERYNM.ORG

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

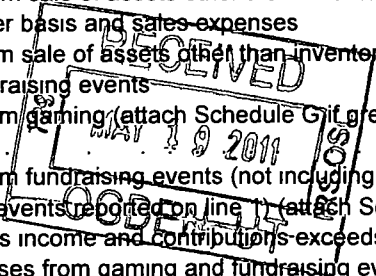
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000  
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **128,715**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	128,243
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	472
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
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	0	
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	128,715	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	38,091
	14	Occupancy, rent, utilities, and maintenance	14	205
	15	Printing, publications, postage, and shipping	15	128
	16	Other expenses (describe in Schedule O)	16	78,129
17	<b>Total expenses.</b> Add lines 10 through 16	17	116,553	
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,162
	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	82,917
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	95,079

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99 20

**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	83,206	95,889
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	83,206	95,889
26 Total liabilities (describe in Schedule O)	289	810
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,917	95,079

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

Check if the organization used Schedule O to respond to any question in this 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 \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	13,763
29 HEART GALLERY EXHIBITIONS: SEE ATTACHED STATEMENT		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	22,057
30 HEART GALLERY EVENTS: SEE ATTACHED STATEMENT		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	30,939
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	3,060
32 Total program service expenses. (add lines 28a through 31a)	32	69,819

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

Check if the organization used Schedule O to respond to any question in this 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 1508 LUCYLE PL NW ALBUQUERQUE NM 87114	Title PRES Hr/WK 50	0		
MICHELLE COONS 500 MARQUETTE NW 14TH FL ALBUQUERQUE NM	Title SEC/TR Hr/WK .50	0		
MARJORI KREBS 7022 STARSHINE ST NE ALBUQUERQUE NM 87111	Title DIR Hr/WK .50	0		
PAUL KREBS 7022 STARSHINE ST NE ALBUQUERQUE NM 87111	Title DIR Hr/WK 50	0		
	Title Hr/WK .00	0		
BERNARD LOGUE Y PEREA 989 PASEO DEL SUR SANTA FE NM 87501	Title DIR Hr/WK 50	0		
CATHY MCCORKLE #14 CABALLO DE FUERZA SE ALBUQUERQUE NM	Title DIR Hr/WK .50	0		
SANDY CUNNINGHAM 9 VILLAGE LANE SANTA FE NM 87505	Title DIR Hr/WK .50	0		
SHERMAN MCCORKLE 1155 UNIVERSITY BLVD SE ALBUQUERQUE NM 87	Title DIR Hr/WK .50	0		
CANDACE GOULD 1508 LUCYLE PL NW ALBUQUERQUE NM 87114	Title DIR Hr/WK .50	0		
	Title Hr/WK .00	0		
GEROGE MUNOZ PO BOX 2679 GALLUP NM 87304	Title DIR Hr/WK .50	0		
SHARMYN MUNOZ PO BOX 2679 GALLUP NM 87305	Title DIR Hr/WK .50	0		

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

Check if the organization used Schedule O to respond to any question in this Part V

Main form area containing questions 33 through 44d with Yes/No columns and input fields. Includes questions about IRS reporting, organizational changes, income reporting, political expenditures, loans, tax shelter transactions, and donor advised funds.

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		
45a			X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

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

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 None City Str ST ZIP	Title Hr/WK	00		
Name City Str ST ZIP	Title Hr/WK	00		
Name City Str ST ZIP	Title Hr/WK	.00		
Name City Str ST ZIP	Title Hr/WK	.00		
Name City Str ST ZIP	Title Hr/WK	.00		

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 None City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
 Signature of officer: *Michelle A. Coons* Date: 5/14/11  
 Type or print name and title: Treasurer Michelle A. Coons

**Paid Preparer's Use Only**  
 Preparer's name: JOHN ALTMAN Preparer's signature: *[Signature]* Date: 5/12/2011 Check if self-employed:  PTIN:  
 Firm's name: JOHN ALTMAN ASSOC Firm's EIN:  
 Firm's address: PO BOX 384, CORRALES, NM 87048 Phone no: (505) 890-1651

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

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? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	63,885	167,805	103,082	228,087	128,243	691,102
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 <b>Total.</b> Add lines 1 through 3	63,885	167,805	103,082	228,087	128,243	691,102
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 <b>Public support.</b> Subtract line 5 from line 4.						691,102

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	63,885	167,805	103,082	228,087	128,243	691,102
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,251	810	393	472	2,926
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 <b>Total support.</b> Add lines 7 through 10						694,028
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0.00%
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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 or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II )

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%

- 19a **33 1/3% support tests—2010.** 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—2009.** 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. Also complete this part for any additional information (See instructions)

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

THE HEART GALLERY OF NEW MEXICO FOUNDATION

20-4468893

Form 990-EZ, Part I, Line 16, Other Expenses: Travel 458

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising 924

Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING & PROMOTION 1,323

Form 990-EZ, Part I, Line 16, Other Expenses: BANK CHARGES 253

Form 990-EZ, Part I, Line 16, Other Expenses: EVENTS/EXHIBITIONS 52,996

Form 990-EZ, Part I, Line 16, Other Expenses: FOSTER CHILD SUPPORT 13,763

Form 990-EZ, Part I, Line 16, Other Expenses: MEETING EXPENSE 78

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE 172

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE 300

Form 990-EZ, Part I, Line 16, Other Expenses: STORAGE 487

Form 990-EZ, Part I, Line 16, Other Expenses: SUPPLIES 176

Form 990-EZ, Part I, Line 16, Other Expenses: PAYROLL TAX EXPENSE 623

Form 990-EZ, Part I, Line 16, Other Expenses: WEBSITE 1,560

Form 990-EZ, Part I, Line 16, Other Expenses: IN-KIND EXPENSES: 3,493

Form 990-EZ, Part I, Line 16, Other Expenses: DUES & FEES: 523

Form 990-EZ, Part I, Line 16, Other Expenses: DONATION - NM HUMAN RIGHTS PR: 1,000

Form 990-EZ, Part II, Line 26, Liabilities: PAYROLL LIABILITIES: Beginning of year 289, End

of year 810

Form 990-EZ, Part III, Line 31: PUBLIC EDUCATION. SEE ATTACHED STATEMENT Grants and

allocations 0, Program service expenses 3,060

Name of the organization

Employer identification number

THE HEART GALLERY OF NEW MEXICO FOUNDATION

20-4468893

Area with horizontal dashed lines for supplemental information.

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

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
GERALD PETERS 1011 PASEO DE PERALTA SANTA FE NM 87501	Title DIR Hr/WK 50	0	0	0
KAREN WESTALL 1305 DOEPP DRIVE CARLSBAD NM 88220	Title DIR Hr/WK .50	0	0	0
CATHY MAIER CALLANAN 127 LUGAR DE ORO ST SANTA FE NM 87501	Title DIR Hr/WK .50	0	0	0
DIANE GRANITO PO DRAWER 5160 SANTA FE NM 87502	Title DIR Hr/WK 50	0	0	0
FIRST LADY BARBARA RCHARDSON(HON) STATE CAPITAL SUITE 400 SANTA FE NM 87501	Title DIR Hr/WK .50	0	0	0
RANDY TRAVIS (HON) 12 AVENIDA DEL REY SANTA FE NM 87506	Title DIR Hr/WK 50	0	0	0
SUSAN MEREDITH (HON) PO BOX 597 SANTA FE NM 87504	Title DIR Hr/WK .50	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
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**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) OFFERING 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.