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Forth 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2010 Open to Public Inspection

Form **990** (2010)

	roi uie	2010 Cale	ndar year, or tax year beginning 01/01 , 2010, and ending		12/31		, 20 10
В	Check if	applicable	C Name of organization NEW MEXICO COMMUNITY FOUNDATION		⊒¤ ا	Employ	er identification number
	Address	change	Doing Business As				85-0311210
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	•	E	Telepho	one number
	Initial reti	urn	502 W Cordova Rd Ste 1				505-820-6860
	Terminat	ed	City or town, state or country, and ZIP + 4		1		
	Amended	d return	Santa Fe, NM 87505		G	Gross r	eceipts \$ 39,639,776
	Application	on pending	F Name and address of principal officer Jennifer Parks	H(a) Is	this a gro	up return	for affiliates? Yes No
			502 W Cordova Rd Ste 1, Santa Fe, NM 87505				ncluded? Yes No
<u>L</u>	Tax-exer	npt status	✓ 501(c)(3)	li li	f "No," a	attach a	list (see instructions)
J	Website	e: ► <u>ww</u>	w.nmcf.org	H(c) G	roup ex	emptio	n number 🕨
K	Form of c	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formati	on 19 8	B3 N	/ State	of legal domicile NM
Р	art I	Summ	ary				
	1		escribe the organization's mission or most significant activities: The Nev	v Mexico	Com	nunity	Foundation (NMCF)
•			wide endowment building and grant-making organization that serves and inv				
Activities & Governance	}		atest asset people. As a steward of community resources, we support a q				
E	1		ed on Schedule O, Statement 1)				
Š	2	-4	is box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% o	f its net as	sets.		
Ğ			of voting members of the governing body (Part VI, line 1a)			3	8
95			of independent voting members of the governing body (Part VI, line 1b)			4	8
ijŧ	5		mber of individuals employed in calendar year 2010 (Part V, line 2a)			5	29
∮	6		mber of volunteers (estimate if necessary)		- :	6	0
Ž			related business revenue from Part VIII, FORTH TO VIE 12			7a	0
, ਵੀ	b		lated business taxable income from Form 990 1, line 34			7b	0
<u>`</u> —	† 	1101 01110		Prio	r Year		Current Year
	8	Contribu	tions and grants (Part VIII, line 1h). R. FEB. 0.7 2012	4 40	8,452	7,241,470	
Revenue	9		service revenue (Part VIII, line 2g)	.,	0,102	867,043	
Š	10	-	ent income (Part VIII, column (A), lines 3.4 and 70 Al.	-1 00	6,873	1,133,909	
. ~	11		venue (Part VIII, column (A), lines 5, 6d, 8 200 and 11e)		7,074	72,266	
	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			8,653	
_	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			8,892	9,314,688
	14		paid to or for members (Part IX, column (A), line 4)		0,20	0,092	5,781,838
	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		2 12	2 042	2 124 507
Expenses	1		· · · · · · · · · · · · · · · · · · ·		2,13	3,043	2,124,587
Ē	16a		onal fundraising fees (Part IX, column (A), line 11e)				41,063
ᄶ	1.b		draising expenses (Part IX, column (D), line 25) 305,875			0.004	
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24f)			0,684	2,890,706
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			2,619	10,838,194
	19	Hevenue	less expenses. Subtract line 18 from line 12	ginning o		3,966	-1,523,506 End of Year
Net Assets or			<u> </u>	eginning o			
Sset	20		sets (Part X, line 16)			4,967	27,790,592
5	21		pilities (Part X, line 26)			8,573	8,022,142
			ets or fund balances. Subtract line 21 from line 20		20,60	6,394	19,768,450
	art II		ture Block		···		
			ury, I declare that I have examined this return, including accompanying schedules and statem ilete. Declaration of preparer (other than officer) is based on all information of which preparer I				my knowledge and belief, it is
_	,	T k	7 D-0.1//		T 6		
e:		- C	VOLUME FORMAN		Data	1.3	5.2012
Sig	_	1.	nature of officer		Date		
пе	ere		Rosenblum, Board Chair				
		17 7	e or print name and title		-	-	IDTIN
Pa	iid	Print/19	pe preparer's name Preparer's signature Date	.		Check	
Pr	epare	er				self-emp	pioyed
Us	se Onl	y Firm's	name 🕨		Fırm's E	IN ►	
		Firm's	address ▶		Phone r	10	<u></u>
Ma	ıy the IF	RS discus	s this return with the preparer shown above? (see instructions)				· · 🔲 Yes 🗌 No

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	New Mexico Community Foundation is a statewide endowment building and grant-making organization that serves and invests in
	New Mexico's communities and their greatest asset people. As a steward of community resources, we support a quality of life that reflects the diverse values, traditions, beauty and dreams of New Mexico. Building community wealth and relationships, maximizing community capacity and self-reliance are at the heart of our work.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,222,368 including grants of \$ 3,772,253) (Revenue \$ 635,600) Strengthening New Mexico families, livelihoods, and wellbeing initiatives: philanthropic programs and activities that directly address comprehensive, coordinated health and education opportunities, and provide linkages to economic supports for families, children, and youth most in need of preventive, age-appropriate positive developmental strategies. The focus was on programs and grants that prepare children and young people for success in school and life; rural, Native American, and border communities; as well as vulnerable populations such as immigrants, women, elders, and low-income families or individuals. The initiatives foster the growth of such projects and provides recipients with additional tools to access and sustain resources.
	the growth of such projects and provides recipients with additional tools to access and sustain resources.
	•
4b	(Code:) (Expenses \$ 2,508,497 including grants of \$ 2,009,585) (Revenue \$ 231,443) ° Managing donor advised, agency, designated, fiscal sponsorship, and community funds. This activity includes establishing and managing various funds that address a wide range of interests and needs in such areas as the arts, education, environment, social
	justice, and economic sustainability. It also includes the establishment and managing of funds benefiting nonprofit organizations
	throughout New Mexico. Grant activities for all funds reflect NMCF's priority funding areas: women, children, and families;
	education; leadership and equity; environment; rural development; health and wellness; and strengthening nonprofits.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 0 \ (Pevenue \$ 0 \)
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 9,730,865
	5.13U.0D3

Part	V 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	✓_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or 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	√	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
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, Parts II and IV	15		1
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, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	-	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization 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	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<i>,</i>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	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," complete Schedule R, Part V, line 2			
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	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	<u> </u>	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		_		

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 158			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (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 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4.	1	
b	If "Yes," enter the name of the foreign country: Cayman Islands	4a		
J	See instructions for 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	1	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c ·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l		,
_		7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		l
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	\blacksquare		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1		İ
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	ļ	<u> </u>	L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
n	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1 14h	i	

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Part				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	es in	Sche	edule
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management	<u> </u>		<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
•	any other officer, director, trustee, or key employee?	2		✓
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Does the organization have members or stockholders?	6		✓_
10	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		/
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		7
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
р	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, 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			,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	200	. ✓
0000	on b. I dilcies (This dection b requests information about policies not required by the internal never	ue C	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
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? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	44		,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		-
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	i
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		•	
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	L_
b	Other officers or key employees of the organization	15b	✓	
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	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 exempt status with respect to such arrangements?	16b		<u>"</u>
	on C. Disclosure			
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	/) ava	ulable
	for public inspection. Indicate how you make these available. Check all that apply.			
19	✓ Own website ✓ Another's website ✓ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	f into	oet n	oliov
	and financial statements available to the public.	· inte	σοι μ	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	!	
	organization: ► New Mexico Community Foundation, (505)820-6860			

502 W Cordova Rd Ste 1, Santa Fe, NM 87505

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee. 										
(A) (B) (C) (D) (E)								(E)	(F)	
Name and Title	Average hours per		<u> </u>		,	that ap		Reportable compensation	Reportable compensation from	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Jay Rosenblum Chairman	4	1		<				0	0	0
Bruce Bleakman CPA			<u> </u>						· · · · · · · · · · · · · · · · · · ·	
Treasurer°	2	✓		1		٥		0	0	0
Ted Harrison Secretary	1	1		1				0	0	0
Robert Bigler Director	1	1	_					0	0	0
Teresa Leger de Fernand	1	_						0	0	0
Director		✓			_					
Patricia McBride Director	1	1						o	o	0
Tony Monfiletto Director	1	1						0	0	0
Barbara Poley Director	1	1						0	0	0
Jennifer Parks President and CEO	40			1				106,320	0	26,580
Michael Chamberlain COO/CFO	40					1		112,566	0	31,518

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			(0	C)			(D)	(E)		(F	7)
	Name and title	Average hours per week (describe	<u> </u>	Institutional	Officer		hat employ	Former	from the	Reportable compensation from related organizations		Estim amou oth comper	int of ier nsation
		hours for related organizations in Schedule O)	Individual trustee or director	ional trustee		Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS(C)	from organi and re organiz	zation elated
							_					·	
											-		
					_	_							
											+		
											+	-	
											+		
							•				-		
1b	Sub-total	1											
C	Total from continuation sheets to Part	VII Sectio	n Δ	•	•	•	•				+		
d	Total (add lines 1b and 1c)	•		· 	· 			<u> </u>	218,886		0		58,098
2	Total number of individuals (including bur reportable compensation from the organ	t not limited	d to th				abov	e) w	ho received m	ore than \$100	,000,	in	
	·												Yes No
3	Did the organization list any former or employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3	1
4	For any individual listed on line 1a, is the organization and related organizations individual											4	
5	Did any person listed on line 1a receive of for services rendered to the organization											5	1
Section	on B. Independent Contractors	•							<u> </u>				
1	Complete this table for your five highest compensation from the organization.	compensat	ted in	dep	end	lent	contr	act	ors that receive	ed more than	\$100,	000 of	
	(A) Name and business add	iress					-		(B) Description of s	services	C	(C) Compensa	tion
				•				L					
													
2	Total number of independent contractor received more than \$100,000 in compens								nose listed ab	ove) who			

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a	0				<u> </u>
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b	0				
s, g am	С	Fundraising events 1c	0				
gift	d	Related organizations 1d	0	ŀ			
ns, imil	е	Government grants (contributions) 1e	492,932				
itioi er s	f	All other contributions, gifts, grants,					
ibu the		and similar amounts not included above 1f	6,748,538	1			
onti o d	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	▶	7,241,470			
Program Service Revenue			Business Code				
evel		Program management fees	813219	635,600	635,600	0	0
e B	b (Grant and fund management fees	813211	231,443	231,443	0	0
Zi	C						
Se	d				·		
ram	e	A.U					<u> </u>
rog	1	All other program service revenue.		0	0	0	0
	3	Total. Add lines 2a–2f		867,043		1	
	٥	Investment income (including dividend other similar amounts)	ienas, interest,			_	
	4	Income from investment of tax-exempt to		330,539	0	0	330,539
	5	Royalties	bond proceeds	0	0	0	0
	3	(i) Real	(ii) Personal		U	0	0
	6a	Gross Rents	(.,,				
	b	Less: rental expenses		:			
	c	•	0				
	ď	Net rental income or (loss)	<u>, </u>				-
	7a	Gross amount from sales of (i) Securities	(II) Other	•			
		assets other than inventory 31,128,456	3 0				
	ь	Less: cost or other basis					
		and sales expenses . 30,325,08	3 o				
	С	Gain or (loss) 803,376	0				
	d	Net gain or (loss)	•	803,370	o	o	803,370
evenue	8a	Gross income from fundraising events (not including \$0	-				
Other Reve			334				
ਰ∣			0	ļ			
	C	Net income or (loss) from fundraising	events . >	334		0	334
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b		D				
	С	Net income or (loss) from gaming ac	tivities ►				
	10a	Gross sales of inventory, less returns and allowances	n				1
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inv					
		Miscellaneous Revenue	Business Code				
		Misc. Income/Investment fees	900099	71,932	145,351	0	-73,419
	b						
	С						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d	L	71,932			
	12	Total revenue. See instructions	🕨	9,314,688	1,012,394	ol	1,060,824

Part IX Statement of Functional Expenses

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

	All other organizations must complete col				nd (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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,781,838	5,781,838		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
•	trustees, and key employees	306,576	229,932	24,526	52,118
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	0	0	0
7	Other salaries and wages	1,224,430	771,521	324,781	128,128
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	145,440	91,643	38,578	15,219
9	Other employee benefits	309,062	194,742	81,979	32,341
10	Payroll taxes	139,079	87,634	36,891	14,554
11 a	Fees for services (non-employees). Management	42,990	0	42,990	0
b	Legal	22,474	5,709	16,765	0
C	Accounting	59,415	35,661	23,754	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	41,063			41,063
f	Investment management fees	0	0	0	0
g	Other • [917,651	* 896,950	18,719	1,982
12	Advertising and promotion	4,986	4,512	96	378
13	Office expenses	78,549	49,254	28,176	1,119
14	Information technology	64,375	59,772	4,603	0
15	Royalties	0	0	0	0
16	Occupancy	121,268	87,856	31,882	1,530
17	Travel	97,190	62,775	27,982	6,433
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	77,515	72,970	4,283	262
20	Interest	0	0	0	0
21 22	Payments to affiliates	0 1,361	0	1 261	0
23	Insurance	22,095	16,268	1,361 5,752	<u>0</u> 75
24	Other expenses, Itemize expenses not covered	22,033	10,200	3,732	
24	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)	ļ			
а	Costs related to funds	1,127,654	1,127,654	0	0
b	Office and office equipment services	81,965	41,530	39,695	740
C	Tolonhono	67,553	42,261	20,609	4,683
d	Printing and publications	31,586	21,125	10,280	181
е	Postage and shipping	10,236	2,591	7,442	203
f	All other expenses	61,843	46,667	10,310	4,866
25	Total functional expenses. Add lines 1 through 24f	10,838,194	9,730,865	801,454	305,875
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
					Form 990 (2010)

-Pa	rt X	Balance Sheet		_	Page 11
			(A) Beginning of year		(B) End of year
l	1	Cash-non-interest-bearing	760,569	1	5,626,061
- 1	2	Savings and temporary cash investments	206,992	2	208,934
- 1	3	Pledges and grants receivable, net	6,096,720	3	1,599,417
	4	Accounts receivable, net	128,856	4	27,393
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	o	5	0
S	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	10,676	9	13,850
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 118,778			
	b	Less: accumulated depreciation 10b 115,547	2,983	10c	3,231
	11	Investments—publicly traded securities	20,434,450	11	20,048,938
- 1	12	Investments – other securities. See Part IV, line 11	0	12	0
	13	Investments – program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	233,721	15	262,768
\perp	16	Total assets. Add lines 1 through 15 (must equal line 34)	27,874,967	16	27,790,592
	17	Accounts payable and accrued expenses	316,739		371,512
	18	Grants payable	152,500	$\overline{}$	96,077
	19	Deferred revenue	1,800,000		2,400,000
	20	Tax-exempt bond liabilities	0	20	0
<u>ies</u>	21	Escrow of custodial account liability. Complete Part IV of Schedule D .	0	21	. 0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
-		·	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties .	0	23	0
- 1	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part V of Schooling D.	0	24 25	0
	26	Other liabilities. Complete Part X of Schedule D	4,999,334		5,154,553
\dashv		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	7,268,573	20	8,022,142
<u>a</u>	27	Unrestricted net assets	821,165	27	435,237
Ва	28	Temporarily restricted net assets	11,864,132	28	9,979,121
Net Assets or Fund Balances	29	Permanently restricted net assets	7,921,097	29	9,354,092
<u>o</u>		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>*</u>	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33 34	Total net assets or fund balances	20,606,394	33	19,768,450
		Total liabilities and het assets/fully baldiffees	27,874,967	34	27,790,592 Form 990 (2010)

		•	
orm	990	(2010)	

Part					
	Check if Schedule O contains a response to any question in this Part XI				7
	,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,31	4,688
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,83	8,194
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,52	3,506
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,60	6,394
5	Other changes in net assets or fund balances (explain in Schedule O)	_5		68	5,562
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		19,76	8,450
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O	olain i	n		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1
b	Were the organization's financial statements audited by an independent accountant?			1	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov			<u> </u>	
	of the audit, review, or compilation of its financial statements and selection of an independent account	_		1	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain i	n -	Ė	
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar wer	е		
	issued on a separate basis, consolidated basis, or both				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		Ī
	the Single Audit Act and OMB Circular A-133?.		· 3a	✓_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		е 🗀		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıdıts	3b	✓	
			For	m 990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

омв No 1545-0047 20**10**

Open to Public Inspection

Employer identification number

NEW MEXICO COMMUNITY FOUNDATION 85-0311210 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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 **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 disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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 No 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the UST support? (see instructions)) Yes Yes Nο Yes (A) (B) (C) (D) (E) Total

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.)

on A. Public Support						
dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	4,774,257	17,153,749	13,740,948	4,408,452	7,241,470	47,318,876
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	o	0	0	0	0	0
The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
Total. Add lines 1 through 3 .	4,774,257	17,153,749	13,740,948	4,408,452	7,241,470	47,318,876
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)						17,469,642
Public support. Subtract line 5 from line 4.						29,849,234
on B. Total Support						
dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Amounts from line 4 .	4,774,257	17,153,749	13,740,948	4,408,452	7,241,470	47,318,876
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	468,936	582,656	461,262	391,395	330,539	2,234,788
Net income from unrelated business activities, whether of not the business is regularly carried on	0	0	0	• 0	0	0
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	o	34,003	0	34,003
Total support. Add lines 7 through 10						49,587,667
-	•	•			12	
	-			-		
			<u> </u>			· · P [
			1 column (f)			
						60.2 % 71.45 %
						or more,
10% or more, and if the organization me Part IV how the organization meets the "f	ets the "facts-a acts-and-circu	and-circumsta imstances" tes	nces" test, che st. The organiza	eck this box ar ation qualifies	nd stop here. E as a publicly su	xplain in
10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	009. If the orgation meets the leets the	inization did no facts-and-ci s-and-circums	ot check a box rcumstances" tances" test. T	on line 13, 16 test, check th he organizatio	ia, 16b, or 17a, his box and sto n qualifies as a	and line op here.
Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 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). Public support. Subtract line 5 from line 4. Ton B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether of not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here. The organization qual 331/3% support test—2010. If the organization check this box and stop here. The organization qual 331/3% support test—2010. If the organization was support test—2010. If the organization did the organization mere and if the organization mere and i	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants"). Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3. 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). Public support. Subtract line 5 from line 4. On B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether of not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instruction organization, check this box and stop here. The organization did not box and stop here. The organization qualifies as a public support percentage for 2010 (line 6, column (f) did Public support test—2010. If the organization did not check this box and stop here. The organization did not check this box and stop here. The organization did not check this box and stop here. The organization meets the "facts-and-circumstances test—2010. If the organization meets the "facts-and-circumstances test—2009. If the organizat	dar year (or fiscal year beginning in) ► (a) 2006 (b) 2007 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 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). Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether of not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, secon organization, check this box and stop here. On C. Computation of Public Support Percentage Public support test—2010. If the organization did not check a box check this box and stop here. The organization did not check the box box and stop here. The organization did not check the box box and stop here. The organization did not check the box box and stop here. The organization meets the "facts-and-circumstances" test—2010. If the organization did not check he box box and stop here. The organization meets the "facts-and-circumstances" test reganization. 10%-facts-and-circumstances test—2009. If the organization did not check a box contains and the organization meets the "facts-and-circumstances" test reganization. 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, is 10% or more, and if the organization meets the "facts-and-circumstances" test reganizat	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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). Public support. Subtract line 5 from line 4. Amounts from line 4 Amounts from line 4 Amounts from line 4 Amounts received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether of not the business of the properties of the properties of the organization, check this box and stop here Dr. Computation of Public Support Percentage Public support percentage from 2009 Schedule A, Part II, line 14 331-3% support test—2010. If the organization did not check a box on line 13 or check this box and stop here. The organization qualifies as a publicly supported organization of the organization meets the "facts-and-circumstances" test. The organization meets the "facts-and-circumstances" test, che Part IV how the organization meets the "facts-and-circumstances" test. To supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a	dar year (or fiscal year beginning in) ► (a) 2006 (b) 2007 (c) 2008 (d) 2009 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants"). Tax revenues leved for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 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). Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether o'n not the business is regularly carmed on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax yr organization, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances test—2010. If the organization did not check a box on line 13, and line 14, 16, 16, 17, 17, 16, 17, 17, 17, 17, 17, 17, 17, 17, 17, 17	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . Tax revenues leved for the organization's benefit and either paid to or expended on its behalf . Tax revenues leved for the organization's benefit and either paid to or expended on its behalf . The value of services or facilities furnished by a governmental unit to the organization without charge . Total. Add lines 1 through 3 . 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) . Public support. Subtract line 5 from line 4. On B. Total Support dar year (or fiscal year beginning in) Public supported organization interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . Net income from unrelated business activities, etc., royalties and income from similar sources . Net income from unrelated business activities, whether of not the business activities, etc., see instructions) Total support. Add lines 7 through 10 Gross receipts from related activities, etc., (see instructions) First five years. If the Form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here. The organization did not check a box on line 13, and line 14 is 331/a/% or the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The

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	on A. Public Support						
Calen	dar 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.")						
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						
3	Gross receipts from activities that are not an			-			
	unrelated trade or business under section 513						
4	Tax revenues levied for the	,			_		
	organization's benefit and either paid		1				
	to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the				i		
	organization without charge				1		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						-
	received from disqualified persons .				ł		
b	Amounts included on lines 2 and 3			1			· · · -
-	received from other than disqualified						
	persons that exceed the greater of \$5,000			İ			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6				0		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less		}				
	section 511 taxes) from businesses						
	acquired after June 30, 1975			-			
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				İ		
	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.)						
12	(Explain in Part IV.)			 			
13	and 12)						
14	First five years. If the Form 990 is for the	L organization	n'e firet secon	d third fourth	or fifth tax v	ear as a sectio	n 501(c)(3)
• •	organization, check this box and stop he						
Secti	on C. Computation of Public Support						· · · · <u>- </u>
15	Public support percentage for 2010 (line		-	13. column (fl)		15	%
16	Public support percentage from 2009 Sci						%
	on D. Computation of Investment In						
17	Investment income percentage for 2010			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2009		• •	-			%
19a	331/3% support tests—2010. If the organ		·				
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2009. If the organiz	zation did not d	check a box on	line 14 or line	19a, and line 16	is more than 3	_
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		-			-	

Part IV	Supplemental Information. Comple Part II, line 17a or 17b; and Part III, linstructions).	ete this part to provide the explanations required by Part II, line 10; ne 12. Also complete this part for any additional information. (See
General Ex	xplanation - Partnership income 34,003	
		<u> </u>
		······
	•	9
		·

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 201**0**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

NEW MEXICO COMMUNITY FOUNDATION 85-0311210 Part 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) 1.889.958 0 3 Aggregate grants from (during year) . 794,526 0 4 Aggregate value at end of year 7,300,924 0 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes □ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2010

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part	Organizations Maintaining	Collections of	Art, His	storical 1	Treasures,	or Ot	her Similar A	ssets (con	tınued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	ords, chec	k any of the	follow	ving that are a	significant ι	ise of its
а	☐ Public exhibition		d	☐ Loa	an or exchan	ge pro	grams		
b	☐ Scholarly research		e						
C	☐ Preservation for future generatio	ns	•						
4	Provide a description of the organization		and expl	ain how t	hev further t	he ora	anization's exe	mnt nurnos	e in Part
•	XIV.		aa op.		noy rantinor t	0.9	amzanom o exe	mpt purpos	o iii i ai i
5	During the year, did the organization	solicit or receive	donatio	ne of art	historical tro	201100	or other cimi	lar	
•	assets to be sold to raise funds rather								
Dort	IV Escrow and Custodial Arra								No No
Fart	line 9, or reported an amoun				janization a	nswei	red tes lor	'omi 990, F	art IV,
	Is the organization an agent, trustee,				or contributi	000 01	other essets r		·
Ia									
L						•		· L Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the f	ollowing t	able:			Amount	
	Basicata halasa					⊢	-	Amount	
C	Beginning balance					1c			
d	Additions during the year					<u>1d</u>			
е	Distributions during the year					1e		_	
f	Ending balance					1f			
2a	Did the organization include an amount		art X, lın	e 21? .				. 🗌 Yes	□ No
	If "Yes," explain the arrangement in P.								
Par	V Endowment Funds. Compl								
		(a) Current year	· · ·	rior year	<u> </u>	back	(d) Three years bad	ck (e) Four ye	ears back
1a	Beginning of year balance	11,029,741		8,834,596	11,68	37,922			
b	Contributions	2,328,560		532,209	80	08,960			
С	Net investment earnings, gains, and								
	losses	507,826		1,943,478	-3,35	54,753		_1	
d	Grants or scholarships	80,239		75,750	30	07,533			
е	Other expenditures for facilities and								
	programs	133,870		129,677		0	•		
f	Administrative expenses			75,115	-	0			
g	End of year balance			11,029,741		34,596			
2	Provide the estimated percentage of t						<u> </u>		
а	Board designated or quasi-endowment		0 %						
b	Permanent endowment ▶1		.==						
C	Term endowment ▶ 0 %								
3a	Are there endowment funds not in the		ne organ	ization th	at are held a	and ad	ministered for t	the	
	organization by	•	Ū					_	es No
	(i) unrelated organizations							. 3a(i)	1
	(ii) related organizations							3a(ii)	1
b	If "Yes" to 3a(ii), are the related organ		equired	on Sched	ule R?			. 3b	- `
4	Describe in Part XIV the intended uses		•						
Part									
	Description of investment	(a) Cost or of	ther basis	(b) Cost of	or other basis		Accumulated	(d) Book	value
		(investm	ient)	ļ (c	other)	de	epreciation		
1a	Land		(+	0			·· · ·	0
b	Buildings	•	(·	0		0		0
С	Leasehold improvements .	-	()	0		0	<u> </u>	0
d	Equipment	-	()	0		0		0
<u>e</u>	Other	<u>. 1 </u>	(1	118,778		115,547		3,231
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, column	n (B), line $1\overline{0}$	′c).)			3.231

Part VII	Investments - Other Securities	. See Form 990, Part X, I	ine 12.	
(;	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	ll derivatives			
	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				<u> </u>
(G)				
(H)				
(1)	45 000 8 14 18 10 10			
	(b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments – Program Related		line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year m	
(1)				
(2)				
(4)				-
(5)				
(6)				-
(7)				
(8)				
(9)				
(10)		<u> </u>		
	(b) must equal Form 990, Part X, col (B) line 13.)	1 1 15		, , , ,
Part IX	Other Assets. See Form 990, Pa		•	4.) D11.
(1)	(a) Description		(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	ma (h) must squal Form 000. Bort V. s	of (D) (mo 45.)		
Part X	umn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Amount	<u> </u>	
	l income taxes	0		
	other organizations-fiscal sponsorships	1,639,647		
	ofit organization agency funds	3,067,859		
	ies under split interest trust	447,047		
(5)	<u> </u>			
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	Almust squal Form 000 Part V and 101 time 051			
	(b) must equal Form 990, Part X, col. (B) line 25.) ► ASC 740) Footnote. In Part XIV, provide	5,154,553	the organization is fine and in the	
	n's liability for uncertain tax positions u		ure organization s financial staten	nents that reports the
J	,	· · · · · · · · · · · · · · · · ·		

Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial	ancial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	9,314,688
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	10,838,194
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-1,523,506
4	Net unrealized gains (losses) on investments		4	549,329
5	Donated services and use of facilities		5	0
6	Investment expenses		6	0
7	Prior period adjustments		7	0
8	Other (Describe in Part XIV.)		8	136,233
9	Total adjustments (net). Add lines 4 through 8		9	685,562
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	-837,944
Part	- · · · · · · · · · · · · · · · · · · ·		Ret	urn
1	Total revenue, gains, and other support per audited financial statements		1	10,000,250
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	549,329		
b	Donated services and use of facilities	0		
С	Recoveries of prior year grants	0		
d	Other (Describe in Part XIV.)	136,233		
е	Add lines 2a through 2d		2e	685,562
3	Subtract line 2e from line 1		3	9,314,688
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	0		
b	Other (Describe in Part XIV)	0		
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	0,011,000
Part			r R	eturn
1	Total expenses and losses per audited financial statements		1	10,838,194
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	0		
b	Prior year adjustments	0		
С	Other losses	0	•	
d	Other (Describe in Part XIV.)	0		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	10,838,194
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	0		
b	Other (Describe in Part XIV)	0		
_C	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,838,194
Part	- · · · · · · · · · · · · · · · · · · ·			
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I			
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and	d 4b. Also comp	olete	e this part to provide
-	dditional information.			
	dule D, Part V, Line 4 - Distributions from endowment funds are in support of NMCF's grant	ees and/or NMCF	оре	erations depending on
the ap	propriate restrictions.			

	fule D, Part X, Line 2 - The Organizations income tax footnote contains a description of the	•		
the fo	llowing text. As of December 31, 2010 and 2009, the Foundation performed a comprehensi	e review of its m	ater	ial tax positions in
accor	dance with the recognition and measurement standards established by GAAP. As a result	of this review, the	Fo	undation qualified as a
	empt organization under Section 501c3 of the IRC and had no unreported income derived		ısine	ess activities and did
not id	entify any entity level tax positions that would not meet the more-likely-than-not threshold			
				·
Sched	fule D. Part XI. Line 8 - Present value adjustments to contributions 145.311 Changes in soli	t interest agreem	ents	-9078

Part XIV - Supplemental Information (Continued)

Schedule D, Part XII, Line 2d - Present value adjustments to contributions 145,311 Changes in split interest agreements -9078

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service N

Name of the organization					Employer identific	ation number
NEW MEXICO COMMUNITY FOUNDATION						0311210
Part I Fundraising Activities. Form 990-EZ filers are n	· ·	-		vered "Yes" to F	orm 990, Part IV, I	ine 17.
1 Indicate whether the organizatio				owing activities. C	heck all that apply.	
a Mail solicitations		e [✓	Solicitati	on of non-govern	ment grants	
b Internet and email solicitation	าร			on of government	-	
c Phone solicitations		g 🗹	Special f	fundraisıng events		
d In-person solicitations						
2a Did the organization have a writ or key employees listed in Form						
b If "Yes," list the ten highest paid compensated at least \$5,000 by	individuals or e	entities (fund		•		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 See Schedule G, Part IV, Statement	-	Yes	No	-		
1						
2						
3						
4						
5	. 0					
6	<u> </u>					
7						
8						
9						
10						
Total		I	<u> </u>	0	40,050	40.050
3 List all states in which the organ registration or licensing.			ensed to s			
NM		· -			······································	
		•••••				
			·			
				·		

Part II

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
	1 2	Gross receipts Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	- 112			
	4	Cash prizes			.	
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
ı	10 11	Direct expense summary Ad Net income summary. Comb Gaming. Complete if the	ine line 3, column (d)	, and line 10		(reported more
i				vered res to rollingst	, raitiv, iiile 13, oi	reported more
		than \$15,000 on Form 9		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
	1		90-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
		than \$15,000 on Form 99	90-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
	1	than \$15,000 on Form 99	90-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
	1 2	than \$15,000 on Form 99 Gross revenue Cash prizes	90-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add col (a) through col (c)
	2	than \$15,000 on Form 99 Gross revenue Cash prizes Noncash prizes	90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
	1 2 3 4	than \$15,000 on Form 99 Gross revenue	90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col (a) through col (c)
	1 2 3 4 5	than \$15,000 on Form 98 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	90-EZ, line 6a. (a) Biggo Yes	(b) Pull tabs/instant bingo/progressive bingo Western State Western State	(c) Other gaming	(d) Total gaming (add col (a) through col (c
	1 2 3 4 5	than \$15,000 on Form 99 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	90-EZ, line 6a. (a) Biggo Yes □ No Id lines 2 through 5 in	(b) Pull tabs/instant bingo/progressive bingo W Yes % No No n column (d)	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c
ab	1 2 3 4 5 6 7 8	Gross revenue	Yes No Id lines 2 through 5 in y. Combine line 1, coganization operates perate gaming activity	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

chedu	ile G (Form 990 or 990-EZ) 2010		Page 3
11 12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		□ No
13	Indicate the percentage of gaming activity operated in:	Yes	∐ No
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		·
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
	Name ►		-
	Address ►		
16	Gaming manager information.		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶	•	
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also compl part to provide any additional information (see instructions).	2b, lete th	is
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Schedule G, Part IV, Statement 1

Form: Schedule G

Page 1

Line Number Part I Line 2b

NEW MEXICO COMMUNITY FOUNDATION 85-0311210

Fundraiser Activity Information

Name and Address	Activity	C1	Gross	C2	C3
			Receipts		
The Griffin Group	Assistance with rural development	No	0	40,050	-40,050
PO Box 66117	fundraising campaign, fundraising materials				
Albuquerque, NM 87193	and strategies				
Total:			0	40,050	-40,050

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

Page 1

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Publi Inspection

OMB No 1545-0047

Schedule I (Form 990) (2010) **%** □ (h) Purpose of grant Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Employer identification number or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 85-0311210 ✓Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations (c) IRC section the selection criteria used to award the grants or assistance? can be duplicated if additional space is needed. if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance Enter total number of other organizations (p) EIN NEW MEXICO COMMUNITY FOUNDATION (1) Sch I, Stmt 1 1 (a) Name and address of organization or government Name of the organization Part II Part I 8 9 **©** ₹ 9 8 6 9 <u>@</u>

Schedule I (Fo	Part III Grants and Other Assistance to Individuals in the U Part III can be duplicated if additional space is needed (a) Type of grant or assistance (b) Number of recipients		inited States. Com (c) Amount of cash grant	plete if the organiz	ation answered "Yes" to (e) Method of valuation (book, FMV, appraisal, other)	the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. eeded. of (c) Amount of (d) Amount of (e) Method of valuation (book. cash grant non-cash assistance FMV, appraisal, other)
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Schedule 1	Supplemental mormation. Complete this part to provide the information required in Part I, line Z, and any other additional minormation. Schedule I, Part I, Line 2 - Grants are awarded with a letter of terms and conditions. At the end of the grant period, a narrative report of accomplishments and a financial report are required from grantees; site visits are often performed by NMCF staff. The above steps are taken in order to ensure that the funds were used by the grantee in accordance with their	e this part to provide of terms and conditions. NMCF staff. The ab	vide the information ditions. At the end of to	he grant period, a narry	to provide the information required in Fart I, line Z, and any other additional information, and conditions. At the end of the grant period, a narrative report of accomplishments and a financial rep. The above steps are taken in order to ensure that the funds were used by the grantee in accordance v	outofial information. Ints and a financial report are rantee in accordance with their
intended p to compete	intended purpose. In addition, the Northeastern Regional Community Foundation annually advertises to non-profit organizations in the northeastern region of New Mexico the opportun to compete for small grants in the areas of health, community organizing, and education. A committee reviews grant applications to determine which organizations and proposals meet	Community Found unity organizing, an	ation annually adverti d education. A comm	ses to non-profit orgar ittee reviews grant app	izations in the northeastern lications to determine which	Foundation annually advertises to non-profit organizations in the northeastern region of New Mexico the opportunity zing, and education. A committee reviews grant applications to determine which organizations and proposals meet
the criteria	the criteria, and the amounts to grant to qualifying applicants.	ants.				
1						

Schedule I (Form 990) (2010)

Form: Schedule I

Page 1

Line Number Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

	escription of Grants and Other Assistance to Governme	nts and Organizations in the	United States
		Amount of cash grant	Amount of non-cash assistance
Name and address	University of New Mexico - Health Sciences Center MSC 5220	585,438	
	Albuquerque, NM 87131		
EIN	85-6000642		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Comprehensive School Based Health Direct Service		
Name and address	University of New Mexico Health Sciences Center	486,995	
	Family and Community Medicine SBHC		
	Albuquerque, NM 87131		
EIN	85-6000642		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Towards Elev8 Comprehensive School Based Health Direct Services		
Name and address	Community Action Agency of Southern NM 3880 Foothills Road Ste A Las Cruces, NM 88011	338,701	
EIN	85-0196070		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Funding to meet basic human needs and foster self-		
	reliance		
Name and address	University of New Mexico-HSC-CHPDP-Laguna	300,000	
	Middle School SBHC		
	UNM Health Sciences Center		
	Albuquerque, NM 87131		
EIN	85-6000642		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Comprehensive School Based Health Direct Services		
Name and address	Laguna Department of Education	280,000	
	PO Box 207		
	Laguna, NM 87026		
EIN	85-0402575		
IRC code section	Government Entity		
Method of valuation			
Description of non-			
cash assistance	•		
Purpose of grant	Extended Day Learning Direct Services and Direct		
	family services		
Name and address	Native American Community Academy	165,000	
	1100 Cardenas Dr SE		
	Albuquerque, NM 87108		

Schedule I, Part IV, Statement 1 **NEW MEXICO COMMUNITY FOUNDATION** 59-3833915 IRC code section 501(c)(3) Method of valuation Description of noncash assistance **Purpose of grant Extended Day Learning Services** Name and address NMCF as fiscal agent for University of New Mexico 160,000 Office for Community Learning 400 Cornell Dr UNM Student Svc Ctr Albuquerque, NM 87131 **EIN** 85-0311210 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant **Extended Day Learning Services** Name and address Southern New Mexico Human Development 122,733 PO Box 4430 Anthony, NM 88021 EIN 85-0335402 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Elev8 Comprehensive School Based Health Direct Services Name and address YMCA of Central New Mexico - Mountainside YMCA 117,500 Branch 912 1st Street NW Albuquerque, NM 87102 EIN 85-0105592 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Elev8 Extended Day Learning Direct Services Name and address NMCF as fiscal agent for Office of Lt Governor Diane 100.000 Denish --Children's Cabinet State Capitol Building STE 417 Santa Fe, NM 87501 EIN 85-0311210 **IRC** code section Method of valuation Description of noncash assistance **Purpose of grant** Towards the Children's Cabinet Coordination Name and address International Center for Earth Concerns 87,675 2162 Baldwin Rd Ojai, CA 93023 EIN 52-1883556 **IRC** code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Towards African Projects and ICEC General **Operating Costs**

Schedule I, Part IV, Statement 1 **NEW MEXICO COMMUNITY FOUNDATION** Name and address New Mexico Acequia Association 82,000 805 Early St Building B Suite 204 Santa Fe, NM 87505 EIN 85-0440606 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Towards Communities for Clean Water Project Name and address National Indian Youth Leadership Project 80,000 PO Box 2140 Gallup, NM 87305 EIN 85-0373602 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Elev8 Extended Day Learning Direct Services Name and address New Mexico Alliance on SchoolBased Health Care 80,000 1704B Llano Street 193 Santa Fe, NM 87505 EIN 54-1752058 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant School Based Health Center Technical Assistance -Cross Site Support 2010-5237 Name and address Catholic Charities of the Diocese of Las Cruces 55,000 1280 Med Park Drive Las Cruces, NM 88005 EIN 20-1144913 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Southern New Mexico Legal Assistance Project Name and address People Living Through Cancer Inc 51,610 3939 San Pedro Blvd NE Albuquerque, NM 87110 **EIN** 85-0324330 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Funding to meet basic human needs and foster self-Name and address NMCF as fiscal agent for Southern New Mexico Aid 51,172 and Comfort Partnership 855 Maple Street Las Cruces, NM 88001 EIN 85-0311210 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Emergency Funding for People Living with HIV/AIDS

Cohodula I Davi IV 6	Nataran and 4	NEW MEYICO COMMUNITY FOUNDATION
Schedule I, Part IV, S	Albuquerque Public Schools Education Foundation	NEW MEXICO COMMUNITY FOUNDATION 50,000
,	6400 Uptown Blvd NE Suite 490W	30,000
•	Albuquerque, NM 87110	
EIN	85-0434438	
IRC code section	501(c)(3)	
Method of valuation	301(0)(3)	
Description of non-		
cash assistance		
Purpose of grant	Elev8 Extended Day Learning Direct Services	
 :	Gadsden Middle School	50,000
Name and address	1301 West Washington	30,000
	Anthony, NM 88021	
EIN	85-6000313	
IRC code section	501(c)(3)	
Method of valuation	30 ((0)(3)	
Description of non-		
cash assistance		
Purpose of grant	Extended Day Direct Services	
	<u> </u>	50,000
Name and address	New Mexico Center on Law and Poverty Inc 720 Vassar Drive NE	50,000
	Albuquerque, NM 87106	
EIN	85-0437960	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	Towards the Lift Low-Income New Mexico Children	
· a.pece o. g.a	Project Project	
Name and address	NMCF as fiscal agent for Albuquerque Bernalillo	45,000
Mariic and addices	County Community Schools Partnership	40,000
	6400 Uptown Blvd NE STE 500 E	
	Albuquerque, NM 87110	
EIN	85-0311210	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	As part of the Elev8 Initiative towards Community	
	Schools Collaboration and Support	
Name and address	New Mexico Media Literacy Project	45,000
	6400 Wyoming Blvd NE	
	Albuquerque, NM 87109	
EIN	85-0129165	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	Technical Assistance	
Name and address	Guidance Center of Lea County Inc	42,851
and dddiedd	920 West Broadway	.=,00 ;
	Hobbs, NM 88240	
EIN	85-0217038	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	Funding to meet basic human needs and foster self-	
p grant	reliance	
		

Schedule I, Part IV, S	statement 1	NEW MEXICO COMMUNITY	Y FOUNDATIO
Name and address	Collective Hentage Institute aka Bioneers	40,000	
•	1607 Paseo de Peraita Ste 3		
	Santa Fe, NM 87501		
EIN	85-0432731		
RC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Towards the Dreaming New Mexico Project		
Name and address	Prosperity Works	40,000	
	400 Central Avenue SE 101		
	Albuquerque, NM 87102		
EIN	85-0466059		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance	Towards Found Course Book Course NACA		
Purpose of grant	Towards Family Support Direct Services a NACA and		
	Grant Middle Schools This grant was to support work done from October 1 - December 31, 2010		
	· · · · · · · · · · · · · · · · · · ·		
Name and address	Children's Cancer Fund of New Mexico	36,684	
	112 14th Street SW		
EIN	Albuquerque, NM 87102		
EIN IRC code section	23-7116828 501(c)(3)		
Method of valuation	501(c)(3)		
Description of non-			
cash assistance			
Purpose of grant	Funding to meet basic human needs and foster self-		
· u.podo d. g.u	reliance		
Name and address	Indian Pueblo Cultural Center	33,000	
	2401 12th St NW FI 2		
	Albuquerque, NM 87104		
EIN	85-0460030		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Towards Policy Planning and Field to Feast		
	celebration		
Name and address	NMCF as fiscal agent for New Mexico Community	29,500	
	AIDS Partnership		
	502 W Cordova STE 1		
	Santa Fe, NM 87501		
EIN	85-0311210		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance	N N		
Purpose of grant	New Mexico Community AIDS Partnership Challenge Match		
Name and adding		00.000	
Name and address	National Hispanic Cultural Center Foundation	28,000	
	1701 4th St SW		
FIN	Albuquerque, NM 87102-4508		
EIN	85-0335056		
IDC	E04/a)/2)		
IRC code section Method of valuation	501(c)(3)		

Schedule I, Part IV, S	itatement 1	NEW MEXICO COMMUNITY FOUNDATION
Description of non-		
cąsh assistance		
	Towards the third year of the Field to Feast Community Celebration.	
Name and address	Concerned Citizens for Nuclear Safety	27,085
	107 Cienega Street	
	Santa Fe, NM 87501	
EIN	85-0402813	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	Towards NMSEES - Communities for Clean Water	
Name and address	Desert Montesson	26,500
	316 Camino Delora	
	Santa Fe, NM 87505	
EIN	85-0423730	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	Training	
Name and address	NMCF as fiscal agent for KUNM Call-In-Show	24,000
	MSCO6 3520 University of New Mexico	
	Albuquerque, NM 87131	
EIN	85-0311210	
IRC code section	Higher Education	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	KUNM Call-In Show and PSAs	
Name and address	Studio7Arts	24,000
	7 Standish Street	
	Cambridge, MA 02138	
EIN	27-1402987	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance	T	
Purpose of grant	Towards the production, promotion and support of	
	work interprets the world through the creation of	
	nonfiction media, general operating support, unrestricted.	
Name and address	Nuclear Watch of New Mexico	23,787
	551 W Cordova Rd	
EIN	Santa Fe, NM 87505	
EIN IPC code section	23-7159949	
IRC code section Method of valuation	501(c)(3)	
Description of non-		
cash assistance		
Purpose of grant	New Mexicans for Sustainable Energy and Effective	
r di post oi giant	Stewardship (NM SEES) -2010	
Name and address	Somos un Pueblo Unido	21,000
	Somos an Faebio Oniao	Z1,000
Name and address	1205 Parkway Dr Ste B	
Name and address	1205 Parkway Dr Ste B	
EIN	1205 Parkway Dr Ste B Santa Fe, NM 87507 20-4216836	

Schedule I, Part IV, Statement 1 **NEW MEXICO COMMUNITY FOUNDATION** IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Immigrant Worker's Rights Project Name and address 20,000 Albuquerque Community Foundation for New Mexico Collaboration to End Hunger 3301 Menaul NE Albuquerque, NM 87107 EIN 85-0295444 **IRC** code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant New Mexico Collaboration to End Hunger, General Operating (restricted) and 2010-2011 Intergenerational Summer Food Program Name and address El Centro de Igualdad y Derechos 20,000 1701 Broadway Blvd SE Albuquerque, NM 87102 EIN 26-4675255 **IRC** code section 501(c)(3) Method of valuation Description of noncash assistance **Purpose of grant** Civil Rights Project for Immigrant Women and Families Name and address Enlace Comunitario 20,000 2425 Alamo Ave SE Ste A Albuquerque, NM 87198-3234 **EIN** 85-0473384 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Eliminating Domestic Violence and Advancing Reproductive Justice Developing the Leadership Capacity of Latina Immigrant Survivors of Domestic Violence and their Children Name and address Kalpullı İzkallı 20,000 1028 Ann Ave SW No C Albuquerque, NM 87105 EIN 23-7159949 **IRC** code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Cıhuapahtli (Women's Medicine) Apprenticeship Program Name and address La Casa Inc 20,000 800 S Walnut Street Las Cruces, NM 88001 EIN

IN 85-0292161 RC code section 501(c)(3)

IRC code section

Method of valuation

Description of non-

cash assistance
Purpose of grant

Support for Addressing Reproductive & Legal

•	statement 1 Injustices for Victims of Domestic Violence in Doña Ana County	NEW MEXICO COMMUNITY FOUNDATION
EIN	La Plaza de Encuentro 1308 4th Street NW Albuquerque, NM 87102 85-0440047 501(c)(3)	20,000
	Towards the La Plaza de Encuentro (The Gathering Place)	
EIN IRC code section Method of valuation Description of non- cash assistance	NMCF as fiscal agent for Citizen Action PO Box 4276 Albuquerque, NM 87196-4276 85-0311210 501(c)(3)	20,000
	New Mexicans for Sustainable Energy and Effective Stewardship (NM SEES) -2010	•
	New Mexico Teen Pregnancy Coalition Prevention and Parenting PO Box 35997 Albuquerque, NM 87176-5997 85-0310621 501(c)(3)	20,000
	Women of Color Reproductive Health Initiative	
Name and address	Southwest Creations Collaborative 1308 4th St NW Albuquerque, NM 87102 85-0440047 501(c)(3) Creating Family Assets Programs/Buena Fe	20,000
Name and address	Tewa Women United PO Box 397	20,000
EIN IRC code section Method of valuation Description of non- cash assistance	Santa Cruz, NM 87567 85-0480836 501(c)(3)	
Purpose of grant	Sisters Rising! A Women's Community Engagement Project: Continues On	
Name and address	Women's Intercultural Center PO Box 2411	20,000
	Anthony, NM 88021-2411	

Schedule I, Part IV,	Statement 1	NEW MEXICO COMMUNITY FOUNDATION
Method of valuation Description of non- cash assistance		
Purpose of grant	Towards the Economic Self-Sufficiency Project	
Name and address	Young Women United PO Box 8490 Albuquerque, NM 87198	20,000
EIN	85-0481224	
IRC code section Method of valuation Description of non- cash assistance	501(c)(3)	
Purpose of grant	Circle of the Strength, Campaign for Responsible Sexuality Education and Youth Health Access Projects	
Name and address	Self Help Inc 2390 North Rd Los Alamos, NM 87544	18,834
EIN IRC code section Method of valuation Description of non- cash assistance	85-0209449 501(c)(3)	
Purpose of grant	Funding to meet basic human needs and foster self-reliance	
Name and address	Southwest Research and Information Services for Honor Our Pueblo Existence Rt 5 Box 474 Espanola, NM 87532	17,730
EIN IRC code section Method of valuation Description of non- cash assistance	23-7159946 501(c)(3)	
Purpose of grant	New Mexicans for Sustainable Energy and Effective Stewardship (NM SEES) -2010	
Name and address	Amigos Bravos Inc PO Box 238 Taos, NM 87571	16,490
EIN	85-0363268	
IRC code section	501(c)(3)	
Method of valuation Description of non- cash assistance		
Purpose of grant	New Mexicans for Sustainable Energy and Effective Stewardship (NM SEES) -2010	
Name and address	Construction Advancement Program for ACE Leadership High School 1615 University Blvd NE Albuquerque, NM 87102	15,000
EIN	85-0376929	
IRC code section	501(c)(3)	
Method of valuation Description of non- cash assistance		
Purpose of grant	Towards a School Based Health Center at the ACE Leadership High School	

NEW MEXICO COMMUNITY FOUNDATION Schedule I, Part IV, Statement 1 Name and address NMCF as fiscal agent for Taskforce for Immigrant 15,000 Advocacy and Services in SNM PO Box 3143 Las Cruces, NM 88005 EIN 85-0311210 **IRC** code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Taskforce for Immigrant Advocacy and Services in Southern New Mexico (TIAS-NM) Name and address NMCF as fiscal agent for New Mexico Forum for 15,000 Youth in Community 924 Park SW Ste E Albuquerque, NM 87102 EIN 85-0311210 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Planning, Facilitation and Collaboration Building Project in support of TIAS-NM Name and address Families & Youth Inc 13,019 PO Box 1868 Las Cruces, NM 88004-1868 EIN 85-0275762 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Funding to meet basic human needs and foster self-Name and address Northern New Mexico Radio Foundation 13,000 PO Box 31366 Santa Fe, NM 87594-1366 **EIN** 85-8439833 IRC code section 501(c)(3) Method of valuation Description of noncash assistance **Purpose of grant** Towards promoting a community-supported public radio station that serves the City of Santa Fe. Santa Fe County, Whiterock, Los Alamos, Espanola and the area south to Albuquerque Name and address Miss Hall's School 11,500 492 Holems Road Pittsfield, MA 01201 EIN 04-2104273 IRC code section 501(c)(3) Method of valuation Description of noncash assistance **Purpose of grant** General Operating Support - Unrestricted Name and address Casa Esperanza In 10,656 PO Box 40472 Albuquerque, NM 87196-0472 EIN 85-0356946 IRC code section 501(c)(3)

Schedule I, Part IV, S Method of valuation	otatement 1	NEW MEXICO COMMUNITY FOUNDATION
Description of non-		
cash assistance		
Purpose of grant	Funding to meet basic human needs and foster self-reliance	
Name and address	Kids In Distressed Situations Inc 112 W 34th St Ste 1133	10,000
	New York, NY 10118	
EIN	13-3300271	
IRC code section Method of valuation	501(c)(3)	
Description of non-		
cash assistance		
Purpose of grant	K I D S Program to Benefit New Mexico Border Area - Year VI	
Name and address	New Mexico Association of Grantmakers	10,000
	117 N Guadalupe St Ste C Santa Fe, NM 87501-6526	
EIN	85-0437031	
IRC code section	501(c)(3)	
Method of valuation	(-N-)	
Description of non-		
cash assistance		
Purpose of grant	Towards the Education Mapping Project	
Name and address	Southwest CARE Center	10,000
	649 Harkle Rd Ste E	
- 111	Santa Fe, NM 87505	
EIN IRC code section	85-0397444 501(c)(3)	
Method of valuation	301(0)(3)	
Description of non-		
cash assistance		
Purpose of grant	Towards the Comida Buena Projec	
Name and address	United Way of Santa Fe	10,000
	440 Cernllos Road Suite A	
	Santa Fe, NM 87501-2644	
IRC code section	85-0163601 504/2/2	
Method of valuation	501(c)(3)	
Description of non-		
cash assistance		
Purpose of grant	Towards innovating programs in education and	
	health and human services, and supporting United	
	Way of Santa Fe County's efforts to target the	
	underlying causes of our community's most serious	
	issues, and developing solutions for positive change,	
	general op	
Name and address	International AIDS Empowerment Inc	9,000
	800 Montana Ave El Paso, TX 79902	
EIN	74-2967366	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	Towards the Comida Buena Project	
Name and address	Peace Action New Mexico Education Fund	8,540

NEW MEXICO COMMUNITY FOUNDATION Schedule I, Part IV, Statement 1 226 Fiesta St Santa Fe NM 87501 EIN 20-0045688 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant New Mexicans for Sustainable Energy and Effective Stewardship (NM SEES) -2010 7,000 55 Exchange Place STE 405 New York, NY 10005-1965 **EIN** 20-8817646 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant General Support and 2010 Conference Support Name and address New Mexico Environmental Law Center 7.000 1405 Luisa Street STE 5 Santa Fe, NM 87505 **EIN** 85-0360664 IRC code section 501(c)(3) Method of valuation Description of noncash assistance **Purpose of grant** Protecting New Mexico's communities and their environments through public education, legislative initiatives, administrative negotiations and litigation, general operating support, unrestricted Name and address Sisters of Loretto 6,465 113 Camino Santiago Santa Fe, NM 87501 **EIN** 61-6011937 IRC code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant New Mexicans for Sustainable Energy and Effective Stewardship (NM SEES) -2010 Name and address Embudo Valley Environmental Monitoring Group 6,361 PO Box 291 Dixon, NM 87527 **EIN** 23-7159949 **IRC** code section 501(c)(3) Method of valuation Description of noncash assistance Towards NMSEES - Communities for Clean Water Purpose of grant Name and address Common Bond New Mexico Foundation 6,000 PO Box 26836 Albuquerque, NM 87125-6836 EIN 85-0322200 **IRC** code section 501(c)(3) Method of valuation Description of noncash assistance Purpose of grant Towards the Under 21 Group

Schedule I, Part IV,	Statement 1	NEW MEXICO COMMUNITY FOUNDATION
Name and address	Southwest Research & Information Center	6,000
•	PO Box 4524	
	Albuquerque, NM 87106	
EIN	23-7159946	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	New Mexicans for Sustainable Energy and Effective	
	Stewardship (NM SEES) -2010	
Name and address	El Refugio Inc	5,460
	800 S Robert St	
	Silver City, NM 88061-5284	
EIN	85-0311066	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	Funding to meet basic human needs and foster self-	
	reliance	
Name and address	Santa Fe Art Institute	5,250
	PO Box 24044	
	Santa Fe, NM 87502-0044	
EIN	85-0404277	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-		
cash assistance		
Purpose of grant	Exploring the intersection of contemporary art and	
	society through artist residencies, studio workshops,	

lectures and exhibitons, general operating support

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection **Employer identification number**

NEW MEXICO COMMUNITY FOUNDATION	85-0311210
Form 990, Part VI, Section B, Line 11a - The 990 is reviewed and approved by the Finance Committee	of the Board of Directors prior to
filing.	
Form 990, Part VI, Section B, Line 12c - New Board members sign a conflict of interest statement whe	n they join the Board. Thereafter,
staff monitors for possible conflicts of interest in the process of making grant or expenditure decision	ns. Transactions or dealings that create
a possible conflict of interest must be approved by the Board.	
·	
Form 990, Part VI, Section B, Line 15 - Compensation is approved by the Board or compensation com	
compared to the Council on Foundation's salary survey. The board or compensation committee annu	ally compares compensation
packages to the Council on Foundation's salary survey.	
Form 990, Part VI, Section C, Line 19 - New Mexico Community Foundation provides the IRS Form 990), IRS Determination Letter, Audited
Financial Statements and other related organization documents at the organization's main office upon	n request. These documents are also
available on the organization's external website, by email, phone, fax and mail.	
Form 990, Part XI, Line 5 - Part XI Line 8 Other adjustments: Changes in split interest agreement: -9,0' contributions: 145,311 Net unrealized gain on investments: 549,329	78 Present value adjustment to
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Schedule O, Statement 1 Form. 990

NEW MEXICO COMMUNITY FOUNDATION 85-0311210

Page 1 Line Number Part I Line 1

Activity Or Mission Description

Description

values, traditions, beauty and dreams of New Mexico Building community wealth and relationships, maximizing community capacity and self-reliance are at the heart of our work

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